



## School Readiness Program Application for Funding

**Return to:**

CA Children and Families Commission  
501 J St., Ste. 530 Sacramento, CA 95814  
ATTN: Roberta Peck

**Due :  
December 15, 2002**

### Part I: Application Information

	Amount of CCFC Matching Funds Requested for First Fiscal Year	Total Amount of State CCFC Matching Funds Requested:
For State CCFC Use	\$ 95,472 (Feb 03-June 03)	

**Name of County Commission:** First 5 Contra Costa, Children & Families Commission

Executive Director: Brenda Blasingame		Contact Person: Debra Silverman, PhD	
Address: 1340 Arnold Drive, Suite 125		Address: <i>same as Commission</i>	
City: Martinez	Zip Code: 94553	City:	Zip Code:
Phone: (925) 335-9991	FAX: (925) 335-0418	Phone: (925) 335-9991 X33	FAX:

### Part II: County Commission Signature (Signature needs to be original.)

**Agreements and Certifications:**

The County Commission agrees to collect and report additional information and data that will be necessary for the evaluation of, and ongoing reporting on, the School Readiness Programs.

The County Commission agrees to provide resources to support the mentoring/teaching responsibilities of each School Readiness Program as described in the Guidelines for Completing a School Readiness Program Application.

I certify that all CCFC and County Commission Prop. 10 funds will be used only to supplement existing levels of service and not to fund existing levels of service. No moneys shall be used to supplant state or local General Fund money for any purpose, pursuant to Revenue and Taxation Code section 30131.4. The State Commission issued an Advisory Opinion (November 15, 2001) defining "supplantation and supplementation" that is available at the CCFC website ([www.ccfc.ca.gov](http://www.ccfc.ca.gov)).

I certify that the local, required cash match will be provided as described in this Application.

John Cullen  
County Commission Chair's Name

\_\_\_\_\_  
County Commission Chair's Signature

# Ready-Set-Go

## *Mt. Diablo Unified School District Plan to address the School Readiness Needs of Schools, Children and Families in the Target Attendance Areas*

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**Part III: Participating School(s)** (Attach extra sheets if necessary.)

**Schools** Please list the names and CDS codes of all the schools included in the School Readiness Program. Each school should be a qualifying (i.e., high priority) school per the Guidelines for the RFF. (Note: The first school listed on this form may be used by CCFC for the purpose of Application identification.)

CDS Code*	District and School	Enroll -ment	Grade Span	% students eligible to receive free or reduced-price meals	% enrolled students that are English Language Learners	** Current II/USP or CSRD school or IASA Schoolwide	Current API (Academic Performance Index)
<b>07-61754- 6003974</b>	Mt. Diablo USD, Bel Air Elementary	706	K-5	58%	18%	IASA	616 3 <sup>rd</sup> decile
<b>07-61754- 6003982</b>	Mt. Diablo USD, Cambridge Elementary	703	K-5	82%	57%	IASA	564 2 <sup>nd</sup> decile
<b>07-61754- 6004055</b>	Mt. Diablo USD, Fair Oaks Elementary	440	K-5	57%	23%	IASA (2002-03)	610 3 <sup>rd</sup> decile
<b>07-61754- 6004154</b>	Mt. Diablo USD, Meadow Homes Elementary	853	K-5	76%	45%	IASA	552 2 <sup>nd</sup> decile
<b>07-61754- 6096226</b>	Mt. Diablo USD, Rio Vista Elementary	586	K-5	62%	20%	IASA/ IIUSP (2001-02)	567 2 <sup>nd</sup> decile
<b>07-61754- 6004295</b>	Mt. Diablo USD, Shore Acres Elementary	811	K-5	83%	41%	IASA	550 2 <sup>nd</sup> decile
<b>07-61754- 6004410</b>	Mt. Diablo USD, Ygnacio Valley Elementary	631	K-5	57%	35%	IASA	577 3 <sup>rd</sup> decile

\* CDE County (2 digits) - District (5 digits) - School (7 digits) coding system as published in the California Public School Directory. (Example: 01 61119 Alameda Unified 6110779 Bay Farm Elementary). Other terms are defined in the Guidelines to the RFF.

\*\* II/USP (Immediate Intervention/Underperforming Schools Program) designates involvement in California's education improvement program; CSRD (Comprehensive School Reform Demonstration) designates involvement in the federal education improvement program; IASA (Improving America's Schools Act) schoolwide projects refers to Title I schools that develop a schoolwide plan for education improvement rather than focusing services on individually identified students.

## COLLABORATIVE PARTNERS

### School Readiness Program Application

Name/Title	Signature (Optional)	Agency and Address	Phone/Email
Ava Sudduth, Principal		Bel Air Elementary 663 Canal Road, Bay Point, 94565	(925) 458-2606
Cherisse Baatin, Principal		Cambridge Elementary 1135 Lacey Lane, Concord, 94520	(925) 686-4749
Donna D'Amico, Principal		Fair Oaks Elementary 2400 Lisa Lane, Pleasant Hill 94523	(925) 685-4494
Nancy Edwards-Dasho, Principal		Meadow Homes Elementary 1371 Detroit Ave, Concord 94520	(925) 685-8760
Sandra Seskin, Principal		Rio Vista Elementary 611 Pacifica Ave, Bay Point, 94565	(925) 458-6101
Sherianne Cotterell, Principal		Shore Acres Elementary 351 Marina Road, Bay Point 94565	(925) 458-3261
Mary Maddux, Principal		Ygnacio Valley Elementary 2217 Chalomar Road, Concord 94518	(925) 682-9336
Roger Bylund, Assistant Superintendent of Elementary Education		Mt. Diablo Unified School District 1936 Carlotta Drive, Concord 94519	(925) 682-8000 ext 4015
Mildred Browne, EDD, Assistant Superintendent, Special Education		Special Education Department Mt. Diablo Unified School District 1936 Carlotta Drive, Concord 94519	(925) 682-8000 ext
Joanne Durkee, Assistant Director, Adult & Career/Continuing Education		MDUSD Adult Education, 1266 San Carlos Avenue, Concord 94518	(925) 685-7340 ext. 2722
Rosemary Slavin, Coordinator, ESL and Citizenship		MDUSD Adult Education, 1266 San Carlos Avenue, Concord 94518	(925) 685-7340 ext. 2763
Sharon Reposa, Coordinator, Parent Education		MDUSD Adult Education, 1266 San Carlos Avenue, Concord 94518	(925) 685-7340 ext. 2773
Catherine Giacalone, Project Manager		Youth Development Services County Office of Education 77 Santa Barbara Road Pleasant Hill 94523	(925) 942-3308

<b>Name/Title</b>	<b>Signature (Optional)</b>	<b>Agency and Address</b>	<b>Phone/Email</b>
Pat Stroh, Family and Children's Services Director		Family & Children's Services Community Services Dept (FACS CCCCSD), 2520 Stanwell Drive, Ste 200, Concord 94520	(925) 646-5993
Magda Bedros, Children's Services Manager		Early Head Start CCCCSD FACS 2425 Bisso Lane, Concord 94520	(925) 646-5591
Marva Lyons, Assistant Director		Head Start CCCCSD FACS 2425 Bisso Lane, Concord 94520	(925) 646-5540
Mark Deven, Director of Leisure Services		City of Concord Leisure Services 1950 Parkside Drive, MS/10 Concord 94519	(925) 671-3461
Raquel Diaz, Leisure Services Program Director		City of Concord Leisure Services 1950 Parkside Drive, MS/10 Concord 94519	(925) 671-3494 (925) 686-5472
Raul Rojas, Project Manager		Monument Community Partnership 1341 Galaxy Way, Ste D, Concord 94520	(925) 798-9638
Concepcion James, Coordinator		Bay Point Family Health Center 215 Pacifica Avenue, Bay Point 94565	(925) 427-8300
John L. Brown, Administrator		School Linked Services (Healthy Start) 215 Pacifica Avenue Bay Point 94565	(925) 458-3228
Ronda Garcia, Assistant Director		Contra Costa Child Care Council 1035 Detroit Avenue, Ste 200 Concord 94518	(925) 676-5442
Margaret Wiegert Jacobs, Learning Institute Director		Contra Costa Child Care Council 1035 Detroit Avenue, Ste 200 Concord 94518	(925) 676-5442
Rebecca Randall, Program Officer		United Way of the Bay Area 50 California Street, Suite 200 San Francisco, CA 94111	(415) 772-7318
Cheri Pies, Director (Home Visiting)		Family, Maternal & Child Health 597 Center Ave., Ste 365 Martinez, CA 94553	(925) 313-6254
Ed Lehrman, Program Analyst (Home Visiting)		Community Services Department 2520 Stanwell Drive, Ste 200 Concord, CA 94520	(925) 646-5057
Mary Kay Miller (Home Visiting)		FAST, FACSAC Children & Families Services 40 Douglas Drive Martinez, CA 94553	(925) 313-1614

<b>Name/Title</b>	<b>Signature (Optional)</b>	<b>Agency and Address</b>	<b>Phone/Email</b>
John Jones, Director (lead organization for Child Care Solutions)		We Care Inc. The Barbara Milliff Children's Ctr 2191 Kirker Pass Road Concord 94521	(925) 671-0777
T.Jane Kapphahn, Chair		Local Planning Council for Child Care and Development 77 Santa Barbara Road Pleasant Hill 94523	(925) 284-5320
Lyn Palme, Library Specialist		Contra Costa County Library 1750 Oak Park Blvd Pleasant Hill 94523	(925) 927-3288

## Narrative Description School Readiness Program Application

### **Ready-Set-Go**

#### ***Mt. Diablo Unified School District Plan to Address the School Readiness Needs of Schools, Children and Families in the Target Attendance Areas***

## **SECTION 1. PROGRAM DESCRIPTION**

### **A. School Readiness Program Overview and Profiles of Communities to be Served**

#### ***Program Overview***

The *Ready-Set-Go* School Readiness Plan for Mt. Diablo Unified School District uses a comprehensive approach to address not only the identified needs prioritized during recent “school readiness” community meetings, but also the concerns voiced through other avenues for community input over the past two-and-a-half years, beginning with the development of the Commission’s Strategic Plan and its Civic Engagement project.

The *Ready-Set-Go* plan proposed by the Mt. Diablo Unified School District will provide school readiness services to children and families in the Monument Corridor (Concord) and Bay Point communities. The plan actively involves staff at every school that qualifies under the school readiness initiative—3 schools in Bay Point and 4 schools in the Monument Corridor. Every school will offer preschool services in conjunction with parenting education, expand current outreach efforts to include outreach to families with children 0-5 years, build relationships with families by way of a variety of transition activities, and connect with every family in their attendance area through the distribution of school readiness materials. The plan creates school and district level transition teams that promote community and school collaboration, support leadership development in community residents, and increase schools’ capacity to reach out to and build relationships with families with children 0-5 years old. By focusing on transitions to Kindergarten and the importance of creating meaningful connections early, the *Ready-Set-Go* plan coordinates, expands, and fills gaps in programs and services thereby increasing the capacity of parents, community, providers and schools to support children’s early development.

#### ***Contra Costa County Profile***

Contra Costa County, California was incorporated in 1850 as one of the original 27 counties of the State of California, with the City of Martinez as the County Seat. It is one of the nine counties in the San Francisco-Oakland Bay Area. The County covers about 733 square miles and extends from the northeastern shore of San Francisco Bay east about 50 miles to San Joaquin County. The County is bordered on the south and west by Alameda County and on the north by Suisun and San Pablo Bays. The western and northern shorelines are highly industrialized, while the interior sections are suburban/residential, commercial and light industrial. The County contains 19 incorporated cities, including Richmond in the west, Oakley in the northeast, and Concord in the middle.

Contra Costa County is ethnically and economically diverse, and is the ninth most populous county in California, with its population reaching approximately 975,532 as of July 2001, reflecting a 2.8 percent increase from the 2000 Census finding and a 21 percent increase from the 1990 census figure. The population increase is attributed to natural change (more births than deaths), domestic migration



(incoming residents), and immigration settlement.<sup>1</sup> Contra Costa County has one of the fastest growing work forces among Bay Area counties and due to the presence of relatively high-wage skilled jobs and relatively wealthy residents, the County achieves high rankings among all California counties on a variety of income measurements. At the same time, portions of the county are among the poorest in the state, with pockets of high unemployment and poverty. In the target areas of Richmond, San Pablo, Pittsburg, Bay Point, and the Monument Corridor, the median monthly household income ranges between \$2,738 and \$3,983 for a family of four.<sup>2</sup> The average rate of unemployment is between 6 and 8 percent.

The County has 239 schools (K-12) in 18 school districts. The number of students qualifying for Free and Reduced Price Lunch increased over the past decade—in 1991, nearly 28,000 students qualified whereas in 1998, slightly more than 43,000 students qualified for Free and Reduced Price Lunch. In the target areas, between 60 and 80 percent of students qualified for Free and Reduced Price lunch in the 1999-2000 school year.

In 2001, while an estimated 43,366 children, infant and preschool-age, needed child care, slots were available in center-based and/or subsidized care for only 65% of these children. There are 381 centers in Contra Costa county with a licensed capacity for 1,269 infants, 15,152 preschoolers and 8,090 school age children. There are 1,433 family childcare homes with a total licensed capacity of 13,039.<sup>3</sup> Most childcare programs in the county offer both full time and part time care. However, only 1% of the centers and 21% of the family childcare homes offer care during non- traditional hours. Based on information provided by the Contra Costa Child Care Council, the local Resource and Referral (R & R) agency, between July 1, 2001 and June 30, 2002, parents requested care for over 12,200 children—50% of these requests for care were for infants, 30% for preschoolers and 20% for school age children. Many children are in informal care (with friends or relatives). This may be because their parents cannot find or afford licensed care or it may be the parents' preference. Therefore, thousands of children whose care is publicly subsidized are in unlicensed care.

### ***Mt. Diablo Unified School District (MDUSD) Profile***

The Mt. Diablo Unified School District is a K-Adult public school district located in Concord, California serving the educational needs of over 37,000 K-12 students, and an additional 30,000 adult students. The district covers over 150 square miles, including the cities of Concord, Pleasant Hill, Clayton; portions of Walnut Creek, Martinez, and unincorporated areas including Lafayette, Pacheco, and Bay Point. Mt. Diablo is one of the largest school districts in the state of California, with over 56 school sites and programs. The district's statistics for ethnic/racial diversity, average class size, test scores, numbers of Limited English Proficient (LEP) students and the primary languages they represent, mirror those for the State of California as a whole.

Mt. Diablo Unified School District has 28 elementary schools, 10 middle schools, 6 comprehensive high schools, 1 continuation school, 6 small necessary high schools, 2 alternative schools, and 1 special education school. In 1999-2000, the Kindergarten through 8<sup>th</sup> grade enrollment was 24,872 children. Nearly two-thirds of all students reported are White and one-fifth of all students in Mt. Diablo School District are Hispanic, making up 84 percent of the overall district population.

The district has seen dramatic growth over the past decade with a student population increase of 136 percent. The district's ethnic composition has also changed over the past decade: the percentage of White students in the district decreased from 78 percent in 1989-90 to 64 percent in 1999-2000, while the percentage of Hispanic students increased in the same time period by 10 percent, from 9 percent to 19 percent of the overall population. With the exception of White and Hispanic students, the ethnic

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<sup>1</sup> From FAIR, Contra Costa County Immigration Factsheet @ <http://www.fairus.org/html/msas/o42caccc.htm>

<sup>2</sup> Source: Contra Costa Children and Families Policy Forum (2000). *The Data Indicators Update: Contra Costa County children's report card*, Spring 2000.

<sup>3</sup> Ibid (2000).

distribution in Mt. Diablo District mirrors the ethnic distribution of students state-wide. The district's Hispanic population is almost half of that of the state (19 percent district-wide versus 42 percent statewide) while the percent of White students is nearly double the state average (64 percent district-wide versus 37 percent statewide). The four-year high school drop-out rate in the district is nearly 6 percent, with White students below that average at 5 percent and Hispanic students greater than district average at more than 9 percent.

In 2001-02, 12 percent of students district-wide were English Language Learner Students (compared to state average of 25 percent), and 27 percent of students qualified for Free/Reduced Price Meals (compared to state average of 47 percent).

#### **Ethnic Distribution of Students in MDUSD in comparison to Statewide**

<b>Ethnicity</b>	<b>MDUSD enrollment 1999-2000</b>	<b>Percent of total district enrollment</b>	<b>Percentage of total statewide enrollment</b>
American Indian	145	0.4%	0.9%
Asian	2,811	7.7%	8.0%
Pacific Islander	302	0.8%	0.6%
Filipino	1,199	3.3%	2.4%
Hispanic	6,914	19.0%	42.2%
African American	1,765	4.8%	8.6%
White	23,300	63.9%	36.9%
Total	36,436		

In 2001, 62 percent of all 3<sup>rd</sup> grade students scored at or above grade level in Reading, 71 percent in math, 64 percent in language. Among 3<sup>rd</sup> graders considered English Language Learners, the numbers drop dramatically: 22 percent in Reading, 42 percent in Math, and 29 percent in Language scored at or above grade level. These figures are among the highest in all grades 2-8. The percentage of *all* students scoring at or above grade level in each subject remains relatively stable over the years through 8<sup>th</sup> grade; however, among the English Language Learner population, the figures decrease over the years: by 8<sup>th</sup> grade, 11 percent in Reading, 22 percent in Math, and 15 percent of students in Language were considered proficient in 2001.

In March 2002, the voters passed a \$250,000,000 bond for facilities and construction. These funds will support the construction of a new elementary school in Bay Point, to be completed in the next two years. Upon completion of the new school, some students attending Bay Point schools will be redirected to the new, neighborhood school enabling the three existing schools to dedicate space for such activities as parenting education and additional preschool services.

#### ***Profile of Target Schools and Target Neighborhoods***

Seven of the 28 elementary schools in Mt. Diablo Unified School District meet the requirements for this Initiative based on their Academic Performance Index (API) ranking in the 1999-2000 school year. In 1999-2000, two schools ranked in the 2<sup>nd</sup> decile, three schools were ranked in the 3<sup>rd</sup> decile, and two schools were ranked in the 4<sup>th</sup> decile on the API. However, in the 2000-2001 school year, 3 of the 7 schools' API rankings declined, including both higher ranking schools (see table, next page). All 7 schools were invited to participate in the planning and design of the programs outlined in this proposal and all seven eagerly participated.

## API Ranking and Support Programs at the Seven Target Elementary Schools

School	1999-2000 API rank	2000-01 API rank	2001-2002 schoolwide growth target met?	2001-2002 CI growth target met?	Title I Schoolwide	II/USP
Bel Air	3	3	Yes	No	Yes	no
Cambridge	2	2	No	No	Yes	no
Fair Oaks	4	3	No	No	beg. 2002-3	no
Meadow Homes	4	2	No	No	Yes	no
Rio Vista	3	2	No	No	Yes	2001-2
Shore Acres	2	2	Yes	Yes	Yes	no
Ygnacio Valley	3	3	Yes	Yes	Yes	no

## Academic Performance as Measured by 2001 SAT -9 Results for 3<sup>rd</sup> Grade Students

School	Percent of 3 <sup>rd</sup> graders at/above grade level <sup>4</sup>			
	All Students		English Learner Students	
	Reading	Math	Reading	Math
Bel Air	38%	43%	29%	35%
Cambridge	26%	47%	13%	42%
Fair Oaks	41%	57%	19%	32%
Meadow Homes	24%	45%	10%	31%
Rio Vista	22%	43%	11%	39%
Shore Acres	38%	62%	15%	44%
Ygnacio Valley	36%	38%	19%	23%
Mt Diablo USD	62%	71%	22%	42%
County	60%	67%	18%	37%
State	46%	59%	17%	40%

The eligible schools in the Mt. Diablo School District are concentrated in two areas. Four schools are located in Concord and are in an area called the "Monument Corridor." Cambridge, Meadow Homes, and Ygnacio Valley are located within blocks of one another and have overlapping attendance areas; Fair Oaks elementary school is considered on the outskirts of Monument Corridor, several miles down Monument Boulevard. Three of the eligible schools are in the small, unincorporated city of Bay Point, including Bel Air, Rio Vista, and Shore Acres. In the City of Concord, more than two-thirds of households (69 percent) have children under the age of 18 years of age and 7.1 percent of the population (8,625) is children under 5 years of age. The majority of Concord is ethnically white (61percent) or Latino (22 percent); additionally 12 percent of families are Asian, and approximately 4 percent are African American. In Bay Point, three quarters of households have children under age 18 years and 9.7 percent of the population (2,091) is children under 5 years of age. Bay Point is more diverse than Concord, with nearly an equal number of White and Latino families (32 percent and 39 percent respectively), 13 percent African American, 11 percent Asian.<sup>5</sup> The following tables show the ethnic distribution by school as well as the percentage of students and families in other categories, which have been linked to student achievement outcomes.

<sup>4</sup> At or above grade level is equated with students scoring at or above the 50<sup>th</sup> percentile on the standardized Reading/Math test.

<sup>5</sup> Source: US Census Bureau. (2000). *Profile of General Demographic Characteristics: 2000*. available online at <http://factfinder.census.gov>

## Percentage of Students in Demographic Categories, 2001-2002<sup>6</sup>

School (total attendance)	Bay Point Schools			Monument Corridor Schools				District Wide
	Bel Air (706)	Rio Vista (586)	Shore Acres (811)	Cambridge (703)	Fair Oaks (440)	Meadow Homes (853)	Ygnacio Valley (632)	
African American	19.3%	23.2%	5.3%	4.7%	12.0%	4.1%	7.6%	12.5%
Asian American	5.7%	8.4%	3.2%	5.1%	9.5%	2.9%	5.7%	8.1%
Filipino American	11.3%	3.8%	1.4%	1.8%	2.7%	3.8%	2.4%	3.5%
Hispanic or Latino	39.8%	42.5%	68.1%	79.8%	30.2%	71.7%	49.2%	21.1%
Pacific Islander	3.1%	0.3%	1.4%	3.1%	2.3%	1.6%	1.4%	0.8%
White	20.1%	21.5%	20.6%	4.7%	43.0%	15.4%	32.9%	52.5%
Other racial/ethnic	0.7%	0.3%	0.1%	0.7%	0.2%	0.5%	0.8%	0.6%
Participants in FRPL	58%	62%	83%	82%	57%	76%	57%	27%
English Learners	18%	20%	41%	57%	23%	45%	35%	12%

## Characteristics of Target Schools, 2001

	Bay Point Schools			Monument Corridor Schools			
	Bel Air	Rio Vista	Shore Acres	Cambridge	Fair Oaks	Meadow Homes	Ygnacio Valley
School Mobility	23%	23%	18%	19%	28%	24%	20%
Parent Education Level							
• not high school graduate	10%	15%	31%	45%	13%	24%	18%
• high school graduate	26%	34%	32%	28%	20%	20%	34%
• some college	32%	32%	28%	14%	28%	26%	22%
• college graduate+	33%	18%	8%	13%	40%	30%	26%

Research demonstrating the association between neighborhood poverty and less favorable child and youth outcomes,<sup>7</sup> including school readiness and long-term academic attainment, has proven true in the Monument Corridor and Bay Point communities. In the seven target neighborhoods, the rate of unemployment, number of students receiving free or reduced price lunch, number of immigrant families and non-English speaking adults is higher than in the other school attendance areas in the district.

Bay Point is an unincorporated rural community located on the Sacramento River 40 miles upstream from the San Francisco Bay and isolated geographically from the rest of the school district by the presence of a large military munitions storage facility. The Monument Corridor community is a high-density pocket of low income, multiethnic families, with many new arrivals from other countries, all living within a few blocks of Monument Boulevard in Concord. While Bay Point may be characterized as “rural” and the Monument Corridor as “inner city,” both have common issues, such as poverty, non-English speaking families, crime, teen pregnancy, truancy, and public safety fears. Both communities have also shared a common will to do something positive to address these issues.

These communities have been engaged in collaborative neighborhood-based community development efforts for several years. In Bay Point, a 35-member coalition comprised of residents, school staff and community/county agency representatives was established in 1990 to plan, promote and implement a

<sup>6</sup> Source: 2001-02 School Accountability Report Card

<sup>7</sup> Halle, T., Zaff, J., Calkins, J., and Margie, N.G. (2000). Background for Community-Level Work on School Readiness: A review of definitions, assessment, and investment strategies. *Part II: Review the Literature on Contributing Factors to School Readiness*. Child Trends.

\$400,000 California Department of Education (CDE) Healthy Start community development grant. By 1994, a stand-alone, nationally recognized integrated family resource center was in place, with school, probation, social services and health personnel teaming up with families under one roof. A family health center (Bay Point Family Health Center) was built on the local middle school campus, providing 1,000 primary care visits each year and serving 800 Women, Infants and Children (WIC) nutrition and education clients monthly. The combined redistribution of local, county, state and federal resources into the Bay Point community has been \$1.2 million a year since 1996.

The success of the Bay Point initiative contributed to the creation of a similar effort in the Monument Corridor community in 1994. Here, with Monument Corridor parents targeting after school programs as a priority, the collaborative partners (including most of the local agencies participating in the Bay Point collaborative) began planning for after school programs from the outset for the Concord Healthy Start Program. In this community, family service networks tied to schools through the Family Resource Workers were well established. A public/private partnership (Monument Community Partnership) that includes 110 neighborhood, business, school and agency members has active economic, health, employment, education and after school committees continuing to seek additional public and private investment in the Monument Corridor community.

## **B. Strengths and Needs of the Families and Communities Served by the Target Schools**

First 5 Contra Costa is dedicated to community involvement in every strategy it implements and the School Readiness Initiative (*Ready-Set-Go*) is no different. Extensive community input has been gathered over the past several years, through a variety of means including focus groups, community meetings, surveys and interview. This information has been used to inform decisions about the Commission's strategic focus areas and strategies that address early education, professional development, special needs, home visiting, and family resource centers needs.

### ***Process used to develop, review and select the school readiness program***

In 1999-2000, over 500 community members provided input into the development of the Commission's strategic plan. Twenty community meetings were held throughout the county and a survey was distributed to parents, including teen parents and parents of children with special needs. Parents and community members were asked how Contra Costa can be a better place for families to raise children. This input helped the Commission develop a strategic plan that addressed the needs expressed by the community. The Commission determined to focus on four result areas (Healthy Children; Children Ready for School; Safe, Nurturing Families and Communities; and Integrated Systems). Twelve (12) priority strategies were selected to achieve the desired strategic results and address primary concerns of families that surfaced through the needs assessment process. These strategic focus areas and strategies overlap with the essential elements as elaborated by the School Readiness Initiative.

In January 2002, upon hire, the School Readiness Community Program Specialist contacted Mt. Diablo Unified School District's (MDUSD) Superintendent to share the opportunities associated with the School Readiness Initiative. District personnel, including the Superintendent, Assistant Superintendent of Elementary Education, Director of Adult Education, Adult Education Parent Education Coordinator, Adult Education ESL Coordinator, Director of School Linked Services, Principals in the 7 identified schools, and others, showed strong interest in collaborating and involving community to determine the needs and priorities for the communities served by the 7 identified schools. Between January and July, 2002, the School Readiness Community Program Specialist held individual interviews, met with small groups, and conducted community meetings to gain the input of teachers, principals, providers, community members, district personnel, and community stakeholders about the existing resources in Mt. Diablo Unified School District, the City of Concord and Bay Point, and to assess the gaps and needs with regard to children's readiness for school, schools' readiness for children, and the family and community supports and services that contribute to children's readiness for school.

There were 57 participants in the combined regional, school readiness planning meetings for MDUSD: 16 parents of preschool-age and/or Kindergarten children, 13 representatives from community-based organizations (including Through The Looking Glass/special needs advocacy and training, City of Concord, Community Services Department, YMCA, Bay Point Family Health Center, Bay Point Service Integration Team, etc), 8 child care providers (representing formal and informal care and preschool settings), 8 district-related personnel (including adult education, high school, and special education, school board, after school programs, and school based programs), in addition to 7 elementary teachers and 5 elementary principals. Invitations were extended to monolingual Spanish speaking parents and translation was available.

Following the community planning meetings, in July through September 2002, a representative sub-group, including 14 of the initial participants, every school principal, and the Assistant Superintendent, worked to determine how the identified priority needs might be addressed by leveraging resources, forging partnerships, creating new programs, and/or expanding services. From September 2002 through early December 2002, the Commission's School Readiness Community Program Specialist met with community stakeholders and continued to work with the district administrators to gain the commitment of partners and to ensure that the plan recommended through community input meetings and approved by district principals and administrators (described in detail beginning on page 23) could be implemented effectively. The School Readiness Community Program Specialist took the lead on writing the proposal and 7 reviewers from the school district (2), community (2), First 5 Commission staff (2) and a Commissioner (1), read and made comments on a complete draft; readers' comments were incorporated into the final school readiness proposal.

### ***Strengths and needs of families and communities served by target schools***

Focus groups, individual interviews, and task force meetings identified the themes listed below as strengths and needs in the Bay Point and Monument Corridor communities in MDUSD, presented in the order of the five essential and coordinated elements.

#### **Element 1: Early Care and Education: Family and Community Strengths**

A wide range of affordable, center-based and subsidized preschool services exist in the community. In the Concord and Bay Point areas, an array of preschool and pre-K services exist within close proximity to most school sites, including 2 Head Start Centers serving 100 children, 2 neighborhood centers with 100 Head Start enhanced slots, 3 YWCA preschool/Head Start sites for children 2-5 years, 3 private preschools serving 146 children, and 32 licensed area family child care providers serving 282 children. In addition, the District's Adult Education offers a range of parent education preschool services on the Loma Vista Adult Education site for parents of children, infant through Junior Kindergarten, and serves approximately 180 children.

Preschool services are available for children with special needs. Head Start reserves 12% of enrollment for such children and is at capacity for enrollment of special needs children. MDUSD offers 2 district preschools for special needs students (Gregory Gardens and Shadelands) serving 171 children from birth to age five from across the district. This school year, 5 percent of students at Gregory Gardens preschool and one-third of students attending Shadelands live in the target school attendance areas. Some of the students attending the Gregory Gardens and Shadelands preschools may transition to their home schools—a determination that will be made in Spring 2003. In addition to the two preschools for special needs children, there are Kindergarten special day classes at Fair Oaks and Shore Acres and a Pre-Kindergarten-Kindergarten class at Ygnacio Valley Elementary school.

Community support services are available to families and providers who care for children with special needs. CARE Parent Network helps nearly 500 new families per year connect with services to meet the special needs of their children (see description in Parenting & Family Support, page 14) and the Regional Center. The Child Care Council also offers services to providers serving children with

special needs, including a toy lending library, facilities improvement grants, and technical assistance to providers serving special needs students (please see appendix page B-2 & B-11 for services provided by the Child Care Council.). In addition, Child Care Solutions, a collaborative of agencies funded through the Commission's Mental Health and Special Needs Consultation strategy, provides on-site observation for children referred by licensed child care providers in the county, and support to child care providers to maintain challenging children in normative settings by providing assistance with behavior management. Child Care Solutions assists providers to identify children who need diagnostic assessment and referral for mental health or developmental services as early as possible, and help families support children with special needs to be successful in child care settings. Child Care Solutions provides in-service training to schools and child care centers.

A variety of training and support services exist for parents and caregivers of children in home-based care. In addition to center-based Head Start services, the Community Services Department offers home-based Head Start preschool services to approximately 20 new providers a year (program onset 2002) through "Home Start" Outreach/Training for Informal Care providers and "Home Base" preschool services to approximately 110 families primarily residing in Bay Point and Monument Corridor, including full service Head Start services through a home visiting model. (Please see appendix page B 3 for the range of services provided by the Community Services Department). Through a similar home visiting preschool model, the County Office of Education's HIPPY program (Home Instruction Program for Preschool Youngsters) increased capacity of parents of 3-5 year olds across Contra Costa County, using high-scope curriculum. The County Office of Education does not yet have an active HIPPY program in the Mt. Diablo target communities, but the extensive waiting list of families in that area has prompted the program to seek additional funding and it is likely that 20 new families in the area will be brought into the program in the coming year.

The Child Care Council offers a variety of services for families and informal care providers, including Resource and Referral, assistance with subsidized care, a variety of onsite and satellite training for providers through the Council's Learning Institute and technical assistance and incentives toward licensing new providers.

According to statistics from the Contra Costa Child Care Council, the total childcare capacity in both the Monument Corridor and Bay Point exceeds the demand (as indicated by requests made to the resource and referral line). There are slightly more than twice as many slots available in center-based care (542 slots for children 0-5) than in family child care homes (total 250 slots for children 0-5) in the Monument Corridor, and an equal number of family child care and center-based care slots for children 0-5 in Bay Point (est 300 each). In the Monument Corridor, the Child Care Council received 218 requests for placement in the 10-month period between January and October 2002, and in the same time period, received 78 requests from families in Bay Point. The childcare centers and family child care homes are not full to capacity.

### **Element 1: Early Care and Education: Needs and gaps in programs and services for families and communities**

Early care and education services are stronger and more comprehensive in the Monument Corridor than they are in the Bay Point Community. In September 2000, the District conducted a survey of entering kindergarten children and found that children entering lower performing schools were less likely than those attending higher performing schools to have experienced preschool prior to Kindergarten entry: Rio Vista had the lowest percentage of children (less than one in ten) who had previously attended a formal preschool setting while between one-quarter and one-third of parents entering Cambridge Shore Acres, Bel Air, Meadow Homes' Kindergartens reported their child had previously attended preschool. At Ygnacio Valley and Fair Oaks, approximately half of entering children had some previous preschool experience.

Participants in community meetings prioritized the following as pressing needs across the school communities:

- more preschool services on school sites, and
- better outreach and support for family providers and in-home care providers who are more difficult to reach because they are not part of a system of subsidized family care or center-based programs.

## **Element 2: Parenting and Family Support: Family and community strengths**

Five of the seven target schools have part time family/school resource specialists supported through MediCal reimbursement to provide a network of wraparound services and referral for targeted K-5 students and families; also, 4 Healthy Start workers (funded through Healthy Start and Adult Education), serve 6 schools in the Monument Corridor.

District Adult Education offers a variety of parenting classes and English language instruction at the Loma Vista Adult Education Center. The district Adult Education offers four levels of ESL at Loma Vista site, and school-based CBET (Community Based English Tutoring, including ESL and family literacy component) at five of the seven schools. Also on the Loma Vista campus is “Crossroads”, an alternative high school program for pregnant/parenting teens.

In three of the four Monument Corridor schools, there are active Platicas (“chats”) and Compadres (fathers only) parent groups that meet regularly, with childcare provided. Platicas groups were formed almost 8 years ago to bring parents together to share their concerns on raising and educating their children in this country. Through the years, moms became more involved in their child’s school, felt less isolated, and increased their confidence and self esteem to gain employment and work to strengthen their community for their families. These groups give input into the schools, bring in speakers to discuss important issues affecting families, offer parenting workshops. and draw in new families.

There are community resources, counseling, and support services available to multi-risk families and parents of children with special needs: For example, CARE Parent Network, funded about 10 years ago through the Local Planning Council, is a one-stop family resource center serving families of children with disabilities. Through information and referral, resource provision, family support, mentoring, parent training, advocacy, and outreach, CARE Parent Network helps to identify and offer support to help families meet the challenges of parenting a child with special needs. CARE Parent Network assists approximately 500 new families of children 0-5 per year to identify resources and offer information and emotional support. CARE Parent Network helps families navigate the school system, gain special education services, and obtain services provided/supported through the Regional Center (e.g., Department of Developmental Disabilities). In addition, the Bay Point Service Integration Team (a multidisciplinary team that conducts triage services to families), Career Center, and After School Programs are housed at the Ambrose Recreation Center, in Bay Point. There is also a Day Labor Center, initiated by the City of Concord, located in the Monument Corridor.

Through its funding priorities, the First 5 Contra Costa Commission supports providers to better meet the needs of children with special needs. In addition to its support of the CARE Parent Network (described above), the Commission provides funds to the Contra Costa Child Care Council, the county’s resource and referral agency (see appendix B-11 for detail) working with child care centers to expand and make available quality childcare in licensed settings for infants and young children and children with special needs. In addition, the Commission provides funds to support Early Childhood Mental Health & Special Needs Consultation through We Care Inc. and the Association of Retarded Citizens (ARC)/The Lynn Center. The Consultation supports early identification and referral of children with mental health, social/emotional and developmental problems, and creates continuity of



care by providing training and support for child care providers and home visitors who observe children exhibiting behavioral or developmental problems.

## **Element 2: Parenting and Family Support: Needs & gaps in programs and services for families and communities**

The most frequently stated needs by all stakeholders in both the Monument Corridor and Bay Point communities were for more opportunities for parents to get together in their neighborhood, through parenting classes, enrichment, support groups, and other means. Schools were named as the location of most interest to parents. In addition, although there are a great number of support services in the communities for families and children, many families do not know about these services, or those families who are most in need of services are not being reached. Therefore, identifying and reaching parents who are not already connected--who are not already on the “radar” screen—was another need prioritized by community.

Specifically, the needs are:

- greater outreach to families with children 0-5
- more ESL/Literacy classes at school sites
- parents requested a community gathering place (such as the schools), with resources on parenting, a full service library, and open longer
- more parenting classes on school sites, in particular Latino parents requested mentoring to better understand how navigate the school system
- more parenting classes and support groups on family dynamics and child development
- more school based, affordable, parent-child enrichment opportunities

## **Element 3: Health and Social Services: Family and community strengths**

The Bay Point Family Health Center offers an array of services on site and through referral for counseling, dental screenings, immunization (clinics twice/month) and other health-related needs; also food and shelter, toys for tots, etc. The Bay Point Family Health Center offers free dental clinics on site, serving between 50 and 80 children a month from Bay Point and surrounding areas through its Children's Dental Project. The Bay Point Service Integration Team (a multidisciplinary team) conducts triage services to families in Pittsburg and Bay Point, and the Partnership for Public Health, a group of non-profit agencies, works to coordinate services in the Bay Point community.

The Monument Community Partnership Health Task force is working to coordinate health and social services for children and families in the Monument Corridor. A mobile health van sponsored by the John Muir/Mt. Diablo Community Health Institute and staffed by Contra Costa Health Services visits Meadow Homes and Cambridge Elementary Schools. The City of Concord, YMCA, Bay Point Family Health Center, and Health Services Department host annual Health Fairs in both Bay Point and the Monument Corridor.

The Commission-initiated Early Childhood Mental Health and Special Needs Therapeutic Services strategy is a bringing together of such groups as Mental Health Division/Children's Mental Health Program through the Contra Costa County Health Services Department, We Care Children Services, The Lynn Center, and Early Childhood Mental Health Program to provide an integrated system of care to deliver wraparound early childhood mental health therapeutic services for multi-need children families. At risk children and children with special needs and their families receive early screening, appropriate identification and early intervention services.

Home visiting programs through Employment & Human Services, Health Services, and Community Services work collaboratively through the Commission's Home Visiting strategy to provide strengths-based home visitation services for expectant parents and families with children prenatal to age three. Services are for prenatal, first-time and multiple risk families. Approximately 50 percent of home visiting services (an estimated 500+ families per year) support home visiting services to families living in Bay Point or Concord.

### **Element 3: Health and Social Services: Needs & gaps in programs and services for families and communities**

Although there are services for families in both the Monument Corridor and Bay Point communities, lack of efficient transportation makes it difficult for families to take children to health-related appointments. Many parents who are in greatest need of health and social services do not know that services exist or how to access those services. Therefore the needs prioritized by the community were primarily in the area of outreach and education, specifically:

- More opportunity for parent education around health issues, including dental
- Better/more coordinated neighborhood level, culturally appropriate services for health, dental, and counseling
- Community representative/employee whose full time responsibility is to conduct outreach to ensure basic health needs are met

### **Element 4: School Capacity: Family and community strengths**

Six of the seven target schools offer a 3 to 6 week "early back" program during summer intervention period, for incoming Kindergarten students identified at spring registration as needing extra support to enter school ready to learn (e.g., often no preschool experience). One school also offers a year-round pre-Kindergarten - Kindergarten looping program where the morning Kindergarten teacher teaches an after school pre-Kindergarten class and the children benefit from having the same teacher for two years in a row.

The district offers a uniform registration day across the district so that all parents can register together. Registration materials, however, are sent only to parents who have siblings in the school already—the district does not attempt to "track down" those not already known to the schools. At several schools, a staff member goes to the neighborhood preschool to share registration information with prospective parents of Kindergartners, and outreach workers & parent liaisons may assist families in filling out the registration packet. In the schools where these services are provided, a greater percentage of students begin Kindergarten fully registered and with the proper immunizations. However, many students still come to Kindergarten in the fall, or even weeks after school begins in the fall, without the necessary paperwork or immunizations, because they have not received information about registration requirements. The school principals agreed that a concerted effort to identify and support families and children beginning at age 3 would benefit school preparedness when children entered Kindergarten.

### **Element 4: School Capacity: Needs & gaps in programs and services for families and communities**

Of the five essential elements, school capacity was the most obvious gap in the school readiness needs assessment. Principals felt that while the "early back" programs help students who attend (approximately one quarter to one third of entering students), unmet needs remain in the community. Principals asked for a coordinated means for children to be screened at an earlier age and parents and providers requested that more opportunities for school readiness activities be available.

Further, parents would like schools to be full service providers, with more preschool classes, parenting classes, and opportunities for gathering to take place on the school sites. Specifically the following were prioritized needs:

- Better outreach and communication by schools about expectations to all parents well before Kindergarten entry and throughout the Kindergarten year, with particular emphasis on illiterate parents, parents with special needs, parents of special needs students, and non-English speaking parents.
- Better transition activities to help all children move into schools, with particular emphasis on children who have not had formal preschool/care experiences, and children who move from special education settings into mainstreamed and/or special education kindergarten classrooms. Parents in these situations stated that they feel alienated and isolated because of the lack of connection and information transferred about expectations between special education (even district special education preschools) or informal care settings, and schools.
- Greater communication and collaboration between early care providers and Kindergarten teachers to ensure continuity, preparedness, and articulation.

### ***Summary and research to support key elements of the Ready-Set-Go Plan***

The Monument Corridor and Bay Point communities offer a wide range of services and programs for children 0-5 and their families. The Ready Set Go plan builds upon the strengths of the community and responds to prioritized needs in ways that are also well-supported by best practices research.

Schools as a place to support children 0-5 years and their parents. Across all of the essential elements, parents requested a neighborhood-based gathering place with more opportunities for children's enrichment, parenting education, parent support groups, and health-related services. Schools were named as the ideal location for such neighborhood-based services. Parents would also like school-based preschools and more school-based ESL classes.

In UCLA's research on ready schools (2001), the authors describe a continuum on which schools and districts may fall—the more advanced of which promotes more “ready schools” and, in turn, greater school readiness in children. The authors write, “successful school-based programs will not simply provide childcare and early childhood education to young children, but will engage, support and expand educational opportunities for their parents and families as well.”<sup>8</sup> In addition to the resources and opportunities provided through the soon-to-be-implemented neighborhood-based family resource and learning centers (one in each community, see p 24 and appendix B for detail), the *Ready-Set-Go* plan rests on the notion that an ideal platform for reaching families with young children is through the neighborhood elementary schools. Administrators from all seven target schools actively participated in the design of the plan and committed to dedicating resources, personnel, and time, and providing more services and support to families prior to school entry.

The *Ready-Set-Go* plan is designed and staffed to:

- help schools increase their capacity to reach and prepare children for school transitions at an earlier age by helping schools overcome barriers to effective outreach and transition practices.<sup>9</sup>
- provide families with more school-based preschool, parenting education, and ESL classes,
- initiate new parent support groups and increase the capacity of existing parent support groups to strengthen community leadership
- connect parents with community resources through their link to schools.

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<sup>8</sup> Halfon (2001). *Reaching Back to Create A Brighter Future: the role of schools in promoting school readiness*. UCLA Center for Healthier Children, Families and Communities, p. 11.

<sup>9</sup> Cox, M. (1999). Kindergarten in Transition. *Early Developments*, 3:1. University of North Carolina at Chapel Hill.

School-initiated transition activities. Both parents and providers felt that school-initiated activities that support school transitions are weak, both in the area of communication with parents and communication between schools and providers of all types (e.g., center-based, in-home care).

Recent research identifies the strong influence of transition and other school experiences on children's academic competence and behavior.<sup>10</sup> "Whether or not children succeed in school is in part related to events and experiences that occur *prior to their entering kindergarten* for the first time."<sup>11</sup> Further, the child who makes a satisfactory initial adjustment to school is more likely to be successful in school than a child who has difficulty adjusting to the school situation.<sup>12</sup> In short, the transition to Kindergarten is a pivotal time in child development; promoting connections prior to this important milestone can positively impact children's transitions to school and school success.<sup>13,14</sup>

The *Ready-Set-Go* plan is designed and staffed to:

- facilitate connections between families and schools through outreach (below) and school-based transition activities.
- promote continuity between early care settings and kindergarten by creating opportunities for schools and early care providers to communicate and meet
- distribute through schools home-learning materials that assist parents to be their child's first and most important teacher

Outreach to parents and in-home providers. Parents and school representatives requested better outreach to parents to provide better information about school readiness and health and dental care and services.

According to Halfon, et al. (2001), there are certain everyday experiences that can help a child achieve optimal cognitive development and acquire a healthy attitude towards learning. However, "meeting these needs requires dedication, knowledge and time on the part of families and caregivers—a significant challenge given the competing demands of work and family ...and the lack of social supports present in many communities."<sup>15</sup> Outreach by trained and knowledgeable community-based workers will provide an important social support to families and in-home care-givers.

The *Ready-Set-Go* plan is designed and staffed to:

- provide focused school-based outreach to identify families with children ages 0-5 and make lasting connections between the parent and child and their neighborhood schools.
- coordinate and collaborate with home visiting and other outreach efforts in the community to identify and connect with families with young children especially those with children with special needs.
- support families' access to services and information through increased and varied methods of communication about the myriad of services available.

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<sup>10</sup> Margetts, K. (2001). *Transition and Learning - A Vital Partnership*, from University of Melbourne: Early Years of Schooling Conference 2001

<sup>11</sup> U.S. Department of Education (1998). *America's Kindergartners*. Washington D.C.: Office of Educational Research and Improvement. This report found that upon school entry, children with fewer risk factors (living in poverty, mothers with lower levels of education, or English as a second language) are more likely to pass various proficiencies than children at risk.

<sup>12</sup> Ladd, J.M. & Price, J.M. (1987). Predicting Children's Social and School Adjustment Following the Transition from Preschool to Kindergarten. *Child Development*, 58(5), 1168-1189.

<sup>13</sup> Kraft-Sayre, M.E. and Pianta, R. C. (2000). *Enhancing the Transition to Kindergarten: Linking children, families & schools*. Charlottesville: University of Virginia, National Center for Early Development & Learning.

<sup>14</sup> California Department of Education (1997). *Continuity for Young Children: Positive transitions to elementary school*. Sacramento: author.

<sup>15</sup> See also Halfon, N. Shulman E. and Hockstein, M. (2001) *Building Community Systems for Young Children: Brain development in early childhood*. UCLA Center for Healthier Children, Families and Communities, p. 13

A network of support to strengthen communities and build leadership. Poverty undermines families and the well-being of children in many ways.<sup>16,17</sup> A network of support for families during the child's earliest years can positively influence whether children will enter school ready to learn and be ready, in time, to enter the workforce and be good parents.<sup>18</sup> The *Ready-Set-Go* plan will enable schools, community organizations, and families to work in concert to provide young children and their families with the resources to facilitate the transition from the home learning environment into the school culture. This process involves ensuring that during the first five years, children are prepared emotionally, physically and socially to enter kindergarten and succeed in school.<sup>19</sup> Particular emphasis will be given to maximizing outreach to families and connecting families to needed services. Focused outreach efforts will also enable schools to identify and meaningfully connect with families living in their attendance area, to build supportive and lasting relationships for both children and families that create a bridge between the family and the school, increase parents' awareness and participation in activities that promote school readiness, and provide continuity between early care settings and Kindergarten.<sup>20</sup>

The *Ready-Set-Go* plan will partner with existing community services and will build on community strengths to better support families through:

- strong preschools in the community and coordinated efforts through the Child Care Council, adult education, and Head Start, and Family Resource and Learning Centers
- parent/family liaisons in the schools and home visitors in community agencies
- parent groups in the Monument Corridor (through Platicas, Compadres, Commission's central county regional group)
- network of health services in the region
- schools ready to change practice and reach out to prospective families

First 5 Contra Costa's strategies were funded with the intent to build collaboratives, increase cross-agency communication and service provision, and, thus, maximize the ability to meet more families' needs. The *Ready-Set-Go* plan will link with Commission funded strategies such as Home Visiting, Mental Health/Special Needs Consultation, parenting education programs for special populations, and Family Resource and Learning Centers for outreach, identification of families, access to services, and service delivery. Outreach and coordination of services will be further strengthened through partnerships with existing agency programs and services, such as Community Services Department child care/preschool programs, community health services, programs and support services for special needs children and families, and Child Care Council Resource and Referral, City of Concord, the Monument Community Partnership, United Way and Bay Point Family Health Center, to name a few.

Parents in the communities are ready to be more involved and are looking for more opportunities to strengthen their community, increase their own parenting skills and provide a better life for their children. The Commission's outreach efforts as part of its community grant process, Ready Set Read events, Family Resource and Learning Center strategy input meetings, and Civic Engagement efforts have recently led to droves of English and non-English speaking parents getting involved and voicing their opinions. In short, parents are asking for the services that this plan will provide. Schools have expressed a strong desire to increase their capacity to reach children at an earlier and earlier age, as

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<sup>16</sup> Coley, R.J. (2002). *An Uneven Start: Indicators of inequality in school readiness*. Princeton, NJ: Educational Testing Service.

<sup>17</sup> Lee, V. E., and Burkam, D. T. (2002). *Inequality at the Starting Gate: Social background differences in achievement as children begin school*. Economic Policy Institute.

<sup>18</sup> Carnegie Corporation of New York (1994). *Starting Points: meeting the needs of our youngest children*. New York: Carnegie Corporation of New York.

<sup>19</sup> Raver, C.C. (2002). Emotions Matter: Making the case for the role of young children's development for early school readiness. *Social Policy Report*. 16:3. University of Chicago.

<sup>20</sup> The importance of building supportive relationships to support children's brain development and school readiness is documented in research. See Shonkoff, J.P. & Phillips, D. A. eds. (2000). *Neurons to Neighborhoods: The science of early childhood development*. Washington D.C.: National Academy Press.

well. In the end, this plan will serve the dual role of strengthening the community and families, and creating more high-performing, ready schools.

***Ready-Set-Go will have immediate impact in the community***

Within the first 12 months, we expect to:

- Identify every family that has a child entering kindergarten in September 2004 through school-based outreach efforts and promote a connection before the first day of school;
- Provide families with entering Kindergartners home-based learning materials and training that enable parents and caregivers to prepare children for success as they enter Kindergarten in Fall 2004. By the end of the second year of operation, every 3 year-old child will be reached in a similar manner;
- Offer enhanced preschool services coupled with parent education, literacy training, and modeling to approximately 90 parent-child (ages 2.5-5 yrs) pairs;
- Significantly increase the level of community awareness, conversation, education, and capacity around health issues and school readiness through community training, outreach efforts, formation of parent support groups, family resource and learning center programs, and community grants;
- Initiate forums for cross-communication between providers and elementary school staff to discuss and reach agreement upon Kindergarten entry expectations and work together to develop coordinated transition activities;
- Promote a network of communication across agencies, collaboratives, and community support programs that further help to identify and refer children with special needs, multi-risk families, and others to appropriate support services;
- Build on the existing structures and resources, primarily Title I and Healthy Start, to create a network of support and resources for schools;
- Involve parents, providers, and school staff in the ongoing implementation of the *Ready-Set-Go* plan through an advisory team.

**C. Expected Results for Children and Families**

Results of the MDUSD *Ready-Set-Go* plan are designed to integrate with the First 5 Contra Costa Commission goals and desired results and are linked to the 5 Essential and Coordinated Elements. Program evaluation and ongoing technical assistance will be provided through Harder + Company Community Research. An integral component of the evaluator's approach is building on the capacity of collaborative service providers. The program evaluator will help program staff design data collection instruments and collect and analyze data on an ongoing basis to ensure continue progress toward meeting program goals and in coordination with other Commission strategies.

***Ready-Set-Go Matrix of Expected Results***

*(Numbers in third column correspond to numbered program and descriptions in section 2: Services & Partners)*

<b><i>Element 1: Early Care and Education</i></b>		
<b>First 5 Contra Costa - Outcomes</b>	<b>First 5 Contra Costa - Objectives</b>	<b><i>Ready-Set-Go</i> plan activities</b>
Outcome II-A: Children receive high quality early education programs and child care in licensed child care centers, preschools and homes in Contra Costa	A3) Increase linkage of childcare providers to parent education, family support programs and children's services	1, 2, 3, 4, 5

**Element 1: Early Care and Education (continued)**

First 5 Contra Costa - Outcomes	First 5 Contra Costa - Objectives	Ready-Set-Go plan activities
Outcome II-B: Early identification, referral and treatment of children with special needs or other social/ emotional and developmental problems in child care settings	B1) Increase providers' capacity to serve children with special needs	8, 14
Outcome II-C: Access to and availability of quality care and preschool for children where critical gaps exist or in disadvantaged communities	C2) Increase child care capacity for children with special needs C3) Ensure adequate child care and preschools in targeted communities	1, 2, 3, 8

**Element 2: Parenting and Family Support Services**

First 5 Contra Costa - Outcomes	First 5 Contra Costa - Objectives	Ready-Set-Go plan activities
Outcome III-A: Parents of children 0-5 years of age have knowledge of the emotional cognitive, health and social needs of their children and use that knowledge in their parenting practices	A1) Increase delivery of culturally appropriate parenting education in diverse settings A2) Provide parents guidance on child development and health promotion	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 14
Outcome III-B: Families with young children have access to and use support services, programs and resources as appropriate	B1) Develop and assure access to information about appropriate and currently available services for 05 population and their families B2) Offer a variety of supportive services and activities for families of young children B3) Promote safe and nurturing home and community environments	5, 6, 7, 9, 10, 11, 12, 13, 14
Outcome III-C: Communities promote health and well being of children, support families with young children and enrich the community environment	C1) Support development of Community leadership and sense of community in isolated neighborhoods or populations C2) Provide access to safe and healthy recreational and cultural activities for families	10, 12, 13

**Element 3: Health and Social Services**

First 5 Contra Costa - Outcomes	First 5 Contra Costa - Objectives	Ready-Set-Go plan activities
Outcome I-A: At risk children and children with special needs and their families receive early screening, appropriate identification, and early intervention services	A1) Increase capacity for services for at-risk children and children with special needs A2) Increase number of children screened and referred for mental health and special needs	7, 8, 14
Outcome I-C: Access to quality preventative, well child primary care for all children birth to age 5	C2) Increase support for parents in promoting optimal child health, child development and family functioning	2, 3, 7, 9, 13, 14

**Element 4: School Capacity**

First 5 Contra Costa - Outcomes	First 5 Contra Costa - Objectives	Ready-Set-Go plan activities
Outcome II-D: Children succeed in Kindergarten	D1) Establish school-based kindergarten transition activities D2) Promote communication of kindergarten standards to parents D3) Promote cross-training and shared curriculum planning between ECE and elementary teachers	6, 13, 15, 16, 17, 18, 19

**Element 5: Program Infrastructure and Administration**

First 5 Contra Costa - Outcomes	First 5 Contra Costa - Objectives	Ready-Set-Go plan activities
Outcome IV-A: Parents experience a seamless system of programs and services centered on family strengths and building on family capacity	A2) Develop cross professional training so that professionals from various disciplines achieve a better understanding of the needs of children and families	18, 19
Outcome IV-C: Public policies make healthy children and families a priority	C1) Increase community participation in decision making on policies and practices affecting families and children C2) Increase support for critical needs such as affordable childcare, mental dental, and health care services for all children and families.	10, 12, 17, 18, 19

## SECTION 2. SERVICES AND PARTNERS

### A. Table of Existing, Enhanced & New Strategies and Partners in the *Ready-Set-Go* Plan

The following table, organized according to the 5 essential and coordinated elements, summarizes the key components of the *Ready-Set-Go* plan, including existing, enhanced, and new strategies and the current and new partners that will participate in implementation and coordination of the programs. Each strategy is numbered—following the table each numbered strategy is described in detail.

<i>Element 1: Early Care and Education</i>	
Existing, Enhanced, and New Strategies	Partners
1 <b>NEW: Projected 3 new Head Start sites</b> (2 Monument Corridor, 1 Bay Point) will create over 100 new slots in next 18 months, including 12% slots for special needs children	Community Services Department
2 <b>ENHANCED: School-based preschool services.</b> Enhances existing babysitting offered through Community Based English Tutoring Program (CBET) at 3 schools.	MDUSD Adult Education
3 <b>NEW: New school-based parent-child cooperative preschools at 4 schools</b>	MDUSD Adult Education
4 <b>NEW: Raising a Reader</b> implemented in all 7 schools' parent-child programs (COOPs and CBETs) in collaboration with HIPPY, Home Start, and Head Start	United Way: Raising a Reader
5 <b>NEW: Family Resource and Learning Centers in the Monument Corridor</b> (proj. 2003) and Bay Point Communities (proj. 2004)	First 5 Contra Costa. City of Concord, Family Support California
6 <b>ENHANCED: Outreach workers</b> identified and trained to reach children ages 0-5 and their families, particularly those not connected with schools and child care centers (see also School Capacity).	MDUSD School Linked Services, Bay Point Family Health Center, First 5 Contra Costa and Home Visiting Collaborative
7 <b>EXISTING: Home Visiting Programs and Collaborative</b> serving children and families prenatal through 3 years of age	First 5 Contra Costa in collaboration with 9 home visiting programs across the county
8 <b>EXISTING: and Mental Health &amp; Special Needs Consultation</b> providing consultation and training to providers who serve children with special needs	Child Care Solutions, First Contra Costa
<i>Element 2: Parenting &amp; Family Support Services</i>	
Existing, Enhanced, and New Strategies	Partners
9 <b>EXISTING: Parenting education and support to special populations</b> a. <u>Contra Costa ARC/CARE Parent Network</u> expands parent-to-parent peer support and training activities to families of children with special needs throughout Contra Costa County. b. <u>Mt. Diablo Unified School District/ Crossroads High School</u> provides counseling services, casework support and parenting education in the areas of health and child psychology for its students (teen parents).	First 5 Contra Costa in collaboration with CARE Parent Network and Mt. Diablo Unified School District
10 <b>EXISTING/NEW: Platicas</b> supported and strengthened in the three Monument Corridor schools; new Platicas to form in Shore Acres, Bay Point	City of Concord
11 <b>EXISTING: Distribution of Kits for New Parents/Baby</b>	First 5 Contra Costa and Contra Costa Child Abuse Prevention Council
12 <b>EXISTING/ENHANCED: Increase involvement and capacity of community</b> in community projects through Commission's Monument Corridor civic engagement, and Family Friendly and Ready-Set-Read Grants	First 5 Contra Costa



### Element 3: Health & Social Services

Existing, Enhanced, and New Strategies	Partners
13 <b>NEW: Promotoras</b> (Bay Point, including 6 new outreach workers trained to train community about Health and Dental issues)	Bay Point Family Health Center
<i>Community Health Education through Family Resource and Learning Centers (see #5 above, description below)</i>	First 5 Contra Costa, City of Concord, Family Support California
14 <b>EXISTING: Mental Health &amp; Special Needs Therapeutic Services</b> provides wrap-around early childhood mental health services for multi-need children and their families	County Health Services, We Care, The Lynn Center, Early Childhood Mental Health Program funded through First Contra Costa

### Element 4: School Capacity

Existing, Enhanced, and New Strategies	Partners
<i>Outreach to children and families (see previous, Parenting &amp; Family Support, Health and Social Services) through Healthy Start Workers, Parent Liaisons, Promotoras, and increased training and capacity of community</i>	MDUSD Healthy Start Workers, Bay Point Family Health Centers' Promotoras, City of Concord "Platicas" and Parent Liaisons, Home Visitors through H.V. Collaborative
15 <b>ENHANCED: Transition activities</b>	Schools, Community Collaborative Transition Team, Transition Coordinator (see below)
16 <b>NEW: Transition to Kindergarten Kits</b> for every 3-5 year old in the attendance area of the target schools.	First 5 Contra Costa to create in partnership with Head Start, Child Care Council, County office of Education

### Element 5: School Readiness Program Infrastructure & Administration

Existing, Enhanced, and New Strategies	Partners
17 <b>Community Transition Coordinator</b> to oversee transition activities (and SRI) across 7 schools	First 5 Contra Costa Target 7 elementary schools
18 <b>NEW: Community Collaborative Transition Team</b> – Community Collaborative is an advisory to school based transition team, including transition coordinator, outreach workers, school representatives, parents, providers, key partners in SRI	Mt. Diablo Unified School District <ul style="list-style-type: none"> <li>• Elementary Education</li> <li>• Adult Education</li> <li>• School Linked Services</li> <li>• After School Programs</li> </ul>
19 <b>School-based Transition Teams</b> to increase school's readiness for children and implement transition activities, including transition coordinator, school representatives and parents (e.g., based in School Site Council and/or grade level teams), outreach workers and other key partners, as identified.	United Way Monument Community Partnership Bay Point Family Health Center

## **B. Description of Existing, Enhanced & New Strategies and Partners in the Ready-Set-Go Plan**

**(1) Projected 3 new Head Start sites. *Community Services Department*** provides childcare through center-based and home-based services. There are currently 6 Head Start centers (with several under construction) and Head Start enhanced sites serving the Monument Corridor and Bay Point communities. (See appendix page B 3 & 4 for detail about the range of services provided by Community Services department in the Monument Corridor and Bay Point Communities). Among the projected new Head Start sites are (1) a new full-day full-year site next to Shore Acres elementary school serving approximately 40 preschool children in Bay Point, estimated starting date is May 2003, (2) a new Monument Corridor site to serve 40 children, location pending (likely to coordinate with Family Resource and Learning Center), target date estimated December 2003, and (3) a four Classroom Head Start site to serve 80 children located at Fair Oaks, opening date estimated early 2004. Additionally, the *Ready-Set-Go* plan will partner with existing and new Community Services programs to increase cross communication between providers and schools, offer cross-training of staff, and design and implement the *Ready-Set-Go* transition activities and kits (see #15 & #16).

**(2) Enhanced CBET: preschool services. *Mt. Diablo Adult Education*.** (see appendix, pages A 3 & 4 for complete program descriptions of the CBET program). Beginning April 2003, children with parents enrolled in the district adult education's CBET (Community Based English Tutoring) program at Meadow Homes, Cambridge and Ygnacio Valley, will be offered preschool services in place of babysitting. Currently the program provides babysitting for the preschool age children of the adult participants through the Community Based English Tutoring grant, which specifies that only babysitting, not an educational program, may be provided with these funds. This grant proposes to add a preschool teacher to the childcare classroom to implement curriculum and provide preschool services, with the babysitters to remain employed as aides in the classroom. In the morning Cambridge and Meadow Homes' programs, children would receive 12 hours of preschool program per week; the afternoon Meadow Homes' programs will offer 6 hours of preschool and the Ygnacio Valley program will offer approximately 8 hours of preschool per week. This program will add a parent-child cooperative component to the ESL program as well, where parents will learn through modeling in the classroom. The parent curriculum is basic English language and literacy skills in the context of parenting, family literacy, school readiness, and school success, with weekly parenting seminars. As evidenced by the waiting lists and telephone requests, there is an ongoing demand for ESL classes for adults in the community. Implementation of this enhanced program will also increase up to 6 slots per school to accommodate the numerous families on the waiting lists. An estimated 66 families will receive an enhanced program including parenting education, literacy, ESL and preschool services through this program beginning with the first year of operation.

**(3) New Parent-Child Cooperative School-Based Preschools. *Mt. Diablo Adult Education*.** (see appendix, page A 5-7 for complete program descriptions of the cooperative preschool program). Phased in beginning with Shore Acres (April 2003) and Rio Vista (October 2003) and then Fair Oaks and Bel Air in the following calendar year, there will be new Parent-Child Cooperative Preschools offered after school hours. The Mt. Diablo Adult Education's Parent Education program plans to offer Parent Education Cooperative Preschools with a school readiness focus. The classes (2 afternoon hours per day, 4 days per week) will serve children ages 3-5 years under the direction of a preschool teacher who is a credentialed parent educator instructor with a background in Early Childhood education, and parents. Parent participation will be required one day per week, during which teachers will model development and home learning activities with preschoolers for parents. This program will create 24 new preschool slots in the first fiscal year and up to 96 preschool slots for children 3-5 years by the third fiscal year.

**(4) Raising a Reader (RAR), *United Way*** is a family literacy "book bag" program offered to low income and limited-English speaking families through settings such as child care centers, family child care homes, and home-visiting programs. (See appendix pages A 10-11 for more complete program description.) National statistics show that 61% of low-income families have no children's books in their

homes<sup>21</sup>. In, "The Literacy Crisis," Jeff McQuillan concludes that it is not poverty, but access to printed materials, that is the essential factor affecting reading acquisition. RAR was designed to address this challenge. The purpose of RAR is to encourage caregivers to lap read to young children daily so that children develop important reading skills and a love of reading. According to program goals, the cornerstone of RAR is its family, community and partnership-oriented approach.

RAR will be implemented in each of the 9 parent-child programs across the 7 schools, as well as in Community Services' Department's Home Start. (Note: The Head Start program purchased the RAR program and is simultaneously implementing the program in each of its Head Start classrooms across the county.) The program will be coordinated by the Transition Coordinator and will coordinate with Head Start. The Transition Coordinator will receive training from United Way and will, in turn, train and support the preschool teachers in the CBET preschools and parent educators in the Cooperative preschools to tailor and implement Raising-a-Reader successfully with parents.

**(5) Family Resource and Learning Centers (FRLCs) in the Monument Corridor, *First Five Contra Costa, in partnership with City of Concord*** The FRLC strategy assists communities in the development and/or expansion of neighborhood-based centers that offer a range of supportive activities for families. All FRLCs will offer baseline activities such as family literacy, tobacco education, parent education and early education opportunities. Other FRLC goals are to increase access to quality perinatal care and quality preventative, well-child primary care for all children birth to age 5 and to provide a seamless system of programs and services centered on family strengths and building family capacity. Community members play an integral role in the development and governance of the centers, such as developing activities that reflect the strengths and needs of their community. Although the actual locations of the FRLCs are not yet determined, the following are the target dates for opening FRLCs in the target communities:

- Monument Corridor site (proposed early 2003) – matching funds from Commission
- "Near East" site to serve Bay Point families (proposed 2004) – matching funds from Commission

**(6) Outreach to children and families. *Healthy Start (MDUSD School Linked Services) and Elementary Schools.*** Each school has agreed to dedicate up to \$5,000 to increase the hours of their Healthy Start outreach worker, their parent liaison, and/or to hire a new position to reach families with children ages 0-5. Currently, the Healthy Start liaisons work with families with children in elementary school, in consultation with county agency personnel and district student study team staff to provide follow up and support services to families to facilitate a connection between families and community social services. Many of these families have younger children, age 0-5. The increase in hours by Healthy Start workers will be to focus particularly on children/families who are not connected to the school (because of siblings, other program participation) and are not connected to neighborhood child care centers. Therefore, in addition to working to reach parents, outreach workers will be working to build relationships and bring resources and information to family childcare and kith and kin care providers as well.<sup>22</sup> These are considered the "harder to reach" children and families, those most in need of school connections.

In summary, the role of the outreach workers, with the support of the school principals and staff, will be to:

- Work with other persons at the school who reach families to coordinate outreach efforts and avoid redundancy of work;

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<sup>21</sup> McQuillan, Jeff. (1998) *The Literacy Crisis: False Claims, Real Solutions*. 1998.

<sup>22</sup> Collins, A and Carlson, B. (1998). *Child Care by Kith and Kin – Supporting Family, Friends and neighbors caring for children. Children and Welfare Reform: Issue Brief 5*, National Center for Children in Poverty, Columbia University. The authors report that found that few, if any, policy efforts focus on kith and kin caregivers who are not receiving public subsidies. It suggests several strategies for developing a more appropriate model for outreach and training for kith and kin caregivers, including using family support models like home visits and support groups, community centers as a hub for networking and activities, and bringing resources to kith and kin caregivers.

- Link with existing parent groups in the school (e.g., Platicas, School Site Council, PTA) to help “get the word out” about programs, activities, efforts, etc, including new school-based preschool programs;
- Identify and make connections with families with children 3-5 years, with siblings in the school, and in particular, those without a connection to the school. Through home visits, community meetings, and school-based activities, outreach workers will attempt to reach every family with a child who will be entering the school in the next 18-24 months;
- Use feedback from parents through regular outreach efforts to recommend to the school-based and Community Collaborative Transition Team activities and programs that would benefit children 3-5 and their families (e.g., to promote family-school connections, child-school connections, and peer connections)
- Pass along information regarding school readiness, expectations for school entry, and upcoming events to parents as contacts are made.

**(7) Home Visiting to families with children prenatal to 3 years of age.** The Commission-funded home visiting programs, including Prenatal Care Guidance (PCG), Welcome Home Baby, Perinatal Council, and the Community Services Department will distribute school readiness information to the families they visit. (See Appendix B-5 for detail). In the Monument Corridor, the home visiting programs reach approximately 245 families per year and in Bay Point, the programs reach approximately 300 families with children prenatal to 3 years of age. In addition to the home visiting programs, participants in the Home Visiting Collaborative have expressed strong interest in coordinating training between home visitors and outreach workers, and incorporating the sharing of information about school readiness into their home visits. Further, representatives from the Home Visiting Collaborative will participate in the Community Collaborative Transition Team (see #18) to achieve the goal of outreach to families with children ages 0-2, and to ensure that information, materials, and transition activities are appropriate, responsive, and relevant to the needs of families with children 0-2 years.

**(8) Early Childhood Mental Health & Special Needs Consultation, *Child Care Solutions and First 5 Contra Costa*.** The Early Childhood Mental Health & Special Needs Mental Health and Special Needs Consultation is a collaborative of agencies called “Child Care Solutions” which reaches providers and families in the target communities to provide early identification and referral of children with mental health, social/emotional and developmental problems and create continuity of care by providing training and technical support for child care providers, caregivers, and home visitors who observe children exhibiting behavioral or developmental problems. Groups funded under this collaborative include We Care Children Services, The Lynn Center, and Early Childhood Mental Health Program (see Appendix B-6 for detail)

**(9) Parent Education for Special Parent Populations.** The Commission funds parent education programs that expand opportunities for parents and caregivers to receive current information about child development and health, build parenting skills, and encourage peer-to-peer support (see Appendix B-7 for detail). Among these, the Commission currently funds two programs that address special populations of parents in the target areas, including:

- a) Contra Costa ARC/.CARE Parent Network – Expands parent-to-parent peer support and training activities to families of children with special needs throughout Contra Costa County (previously described on page 15)
- b) Mt. Diablo Unified School District, Crossroads High School – Provides counseling services, casework support and parenting education in the areas of health and child psychology for its teen parent students.

The Commission committed two fiscal years of funding to enhance services provided by these agencies, through June 2003. The Commission will continue to support parent education programs for special parent populations, whether these or others. *Ready-Set-Go* will maintain its link with CARE Parent

Network and Crossroads High School regardless of the Commission's funding decision and will forge new partnerships with other programs that support parent education for specialized parent populations.

**(10) Platicas. City of Concord.** Platicas groups currently exist in 3 Monument Corridor schools including Meadow Homes, Cambridge, and Ygnacio Valley. Platicas groups were formed almost 8 years ago to bring parents together to share their concerns on raising and educating their children in this country. Historically, Platicus groups have yielded more involved and confident parents who become leaders to strengthen the community for their families. In the Monument Corridor schools, Platicas members give input into the schools, bring in speakers to discuss important issues affecting families, offer parenting workshops, and draw in new families.

In particular, the Bay Point school community (predominately Latino) requested parent groups for Latino families, specifically to learn about how to navigate the American educational system. As a result, a new Platicas group will be formed at Shore Acres with the assistance of Raquel Diaz (Leisure Services Program Coordinator for the City of Concord and key contact for the Monument Corridor groups) and under the direction of the bilingual Parent Liaison at Shore Acres. Working with Raquel Diaz, the school-based parent liaisons and the outreach workers, the three existing Monument Corridor Platicas groups will also strengthen their outreach to families, parent education around school readiness topics, and leadership development. School staff will be invited to Platicus group meetings as participants, give workshops to support school readiness, and exchange ideas about ways for parents to be more involved in schools.

**(11) Distribution of Kits for New Parents.** The Commission currently funds the Contra Costa Child Abuse Prevention Council to enhance and distribute the State Commission-created kits for new parents. The Council augments the existing kits with county specific information and specialized resources for new parents. (See Appendix B-8 for detail). To date, nearly 5,000 kits have been distributed to new parents in Contra Costa County through Planned Parenthood, Perinatal Council, John Muir Women's Health Center, Newborn Connections, Welcome Home Baby, and other medical and health agencies, as well as through community events. Partnership with the *Ready-Set-Go* plan will provide opportunities to further tailor the kits with developmentally appropriate school readiness materials for children age birth to 2 years (the Transition to Kindergarten Kits, below, will be geared for children ages 3-5).

**(12) Increase community involvement and community leadership.** First 5 Contra Costa funded community-building activities (see Appendix B-9) strengthen communities and build community leadership in the following ways:

- The Commission offers \$5000 Family Friendly community grants for community groups or nonprofit organizations to conduct a one time project benefiting children up to age five and their families (e.g., projects that improve the environment; community playground projects; community events, gathering and celebrations; community health and safety projects; community skill building projects and activities). A total of \$250,000 will be available for Family-Friendly Community grants each year. In the past, approximately 6-8% of overall funding has been sought by and awarded to groups from the Monument Corridor and Bay Point communities.
- A total of \$150,000 per year is awarded to fund Ready, Set, Read projects. Family childcare providers are eligible for \$1,500 grants and nonprofit childcare centers, individual library branches and nonprofit organizations are eligible for up to \$3,000 to conduct family literacy projects. In the past, approximately 15-18% of overall funding has been granted to literacy projects in the Monument Corridor and Bay Point communities.
- The Commission will hire a writer to work with the Commission's four community group leaders to author and publish a "How to Put on a Community Event" manual to be distributed to future grantees.
- The Commission has invested time, staff resources, and effort into its Community Engagement Project, funded by the First 5 Contra Costa Commission in conjunction with six foundations.

Through the Community Engagement Project, the Commission supports four community groups county-wide and aims to encourage leadership development, support families to plan activities that directly benefit their own community, and create ongoing, meaningful opportunities to engage community members in Proposition 10 work, particularly community members who do not usually get involved. Members of the Central County Community Engagement Group, primarily comprised of residents from the Monument Corridor, are researching parent-child enrichment opportunities (a need also identified in school readiness task force meetings) in the Monument Corridor community. These enrichment activities will be supported by Commission Civic Engagement funding. The Central County group is anticipating expansion to include communities such as Bay Point and Martinez.

As part of their outreach and community trainings, school-based outreach workers (see #6) and Promotoras (see #13) will inform community members of grant opportunities and community group meetings. The School Readiness Community Program Specialist will continue to attend community group meetings and grant application meetings in the Monument Corridor and Bay Point Communities to inform residents of *Ready-Set-Go* activities.

**(13) Promotoras. Bay Point Family Health Center** recently applied for and received a \$50,000 grant from the California Endowment to provide resident-driven Spanish language health education classes and activities, using the Promotora model. (See appendix A 12-15 for description of BPFHC and Promotora program). The model was selected because it is based on naturally occurring networks and linkages that exist in the Latino community. By utilizing a Promotora health education model, the Center can more effectively provide health education to residents who would otherwise not access health education opportunities. Additionally, the Promotora program provides for resident engagement and capacity building by utilizing indigenous talent. The Bay Point Family Health Center will secure Promotora training from Colaborativo SABER, with over 15 years experience in developing and implementing Promotora programs, to assist with hiring and training to begin teaching basic Promotora skills. These skills include communication, community advocacy, facilitating group discussions, health promotion skills, resident engagement skills, and community resource information. The Bay Point Family Health Center's Promotora program addresses a significant Bay Point community need—that is, outreach to parents around health care needs. Bay Point Family Health Center has agreed to partner with the *Ready-Set-Go* plan to involve parent liaison and Healthy Start outreach workers in their Promotora training, and to include school readiness in the repertoire of community advocacy work that Promotoras will be teaching.

**(14) Early Childhood Mental Health & Special Needs Therapeutic Services, First 5 Contra Costa.** The Early Childhood Mental Health & Special Needs Therapeutic Services is an integrated system of care to deliver wraparound early childhood mental health therapeutic services for approximately 100 multi-need children and their families per year (approximately 30 children/families projected in target areas). Groups funded under this countywide strategy include the Mental Health Division/Children's Mental Health Program through the Contra Costa County Health Services Department, We Care Children Services, The Lynn Center, and Early Childhood Mental Health Program. (See Appendix B-10)

**(15) Transition Activities. Ready-Set-Go partners.** Starting school is a period of transition and adjustment as the child moves from preschool services or home to the school environment. It has been perceived as one of the major challenges children face in their early childhood years. Recent studies suggest that children's adjustment to the first year of schooling is influenced by their familiarity with the school setting, the presence of a familiar peer, and attendance in child care.<sup>23</sup> Transition activities that support children's adjustment to school and address the challenges that may disrupt children's learning

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<sup>23</sup> Margetts, K. (2000). Indicators of children's adjustment to the first year of schooling. *Journal for Australian Research in Early Childhood Education*, 7(1), 20-30. More transition experiences were also associated with children having fewer problem behaviors and higher ratings for academic competence including reading, mathematics, motivation and overall academic performance; having a familiar peer the same class was associated with more social skills, less problem behaviors including aggression and hyperactivity, and higher ratings for academic competence

and development should include strategies that attempt to retain the benefits of preschool programs, reduce the stress children might experience commencing school, create an appropriate degree of continuity as children move into school, respond to the variety of children's backgrounds and experiences, and provide positive experiences.<sup>24,25</sup>

The Transition Coordinator (see #17) will work with schools to select transition practices<sup>26</sup> that:

- engage parents as partners in the educational process prior to school entry,
- familiarize children with the classroom, school environment, and their new teacher,
- support peer connections that help children feel more comfortable in their new environment,
- create community linkages that support children and their families.

Transition activities (see examples, below) which are part of a school's overall transition plan, are intended to establish relationships and engage in two-way communication with children, families, family care providers, and preschools 18-24 months prior to a child's first day of Kindergarten. Such relationships and two-way communication provide opportunities for families to share relevant information about their children and for schools to disseminate information to parents and childcare providers to facilitate Kindergarten registration and Kindergarten placement, and to ease Kindergarten transitions.

### Examples of Transition Practices

- ☐ Create opportunities for families and children to visit the school and meet the teacher and principal prior to the first day of school preferably, begin inviting kindergarten children to the school in the spring of the child's last year in preschool.
- ☐ Set up early registration for kindergarten so that families have time to prepare children for their new setting and so specific teachers can "reach back" to their prospective students well before the first day of school
- ☐ Prepare and disseminate home-learning activities, including activities that parents can do with children several years before a child enters school as well as providing summer booklists and other literacy activities for the summer months prior to kindergarten entry
- ☐ Use multiple methods that enable teachers to learn about every incoming child's background, talents, and interests. This can be achieved through a structured intake process, home visits, or "getting acquainted" activities.
- ☐ Establish periodic contact with families of preschoolers, either via a telephone call or face-to-face, to begin sharing information about the child and their routines, and their school setting. Develop a relationship long before the kindergarten year
- ☐ Invite families with preschool age children to attend school meetings and events.
- ☐ Set up formal transition activities with neighborhood preschools, childcare centers, and head start programs. Hold preschool events at the school
- ☐ Engage in cross practices between preschools and Kindergarten: Preschools practice kindergarten rituals and kindergarten activities incorporate developmentally appropriate practices from preschool
- ☐ Hold regular meetings between Kindergarten staff and providers in neighborhood preschools and child care centers to discuss philosophy, pedagogy, and expectations for children and families
- ☐ Have kindergarten teachers and school support staff visit children in preschools.
- ☐ Create kindergarten class lists that maintain established peer connections,
- ☐ Form "big buddy" connections between Kindergarten and preschool children

<sup>24</sup> Love, J.M., Logue, M.E., Trudeau, J.V., & Thayer, K. (1992). *Transition to Kindergarten in American School. Final Report of the National Transition Study*. Washington DC: Office of Policy and Planning. ERIC Document Reproduction Service No. ED 344693

<sup>25</sup> Bredekamp, S. (Ed.). (1987). *Developmentally Appropriate Practice in Early Childhood Programs Servicing Children From Birth Through Age 8*. Washington: NAEYC. First hand experiences of the school prior to commencement allows children time to talk about their feelings with sensitive adults and to prepare them for the challenges they face

<sup>26</sup> Kraft-Sayre, M.E. and Pianta, R. C. (2000). *Enhancing the Transition to Kindergarten: Linking children, families & schools*. Charlottesville: University of Virginia, National Center for Early Development & Learning.

An integral part of the transition activities for parents will be the distribution of the transition to Kindergarten kits (described in #16). In addition, by creating opportunities (release time, incentives, etc) for Kindergarten and first grade teachers to meet regularly with early childhood educators (such as Head Start, Family Child Care Provider Network, district preschool teachers, school-linked preschools), school and preschool staff are able to align curriculum and expectations, and jointly develop developmentally appropriate practices that build upon one another's programs and facilitate children's transitions to school.

**(16) Transition to Kindergarten Kits, *First 5 Contra Costa*.** The Commission will work with providers, teachers and other partners to design and distribute a Transitions to Kindergarten Kit containing a range of age/developmentally appropriate materials for children 3-5 years and their families in the target school attendance areas (e.g., children entering Kindergarten within the next 24 months). Rather than a one-time distribution of materials as the name implies, the kits will be a set of accumulated materials that can be given to parents and in-home providers as a unit, or over a period of time through outreach, parent education events or meetings, and other relationship-building opportunities by schools when they consider transition activities. The kits for 3 and 4 year olds will have a parent education component, be drafted in multiple languages, and be intended for children who are not part of a center-based preschool facility. Additionally, summer "get ready for school" materials will be created for all soon-to-be 5 year olds entering school in the fall, for distribution in the June prior to the Kindergarten year. The County Office of Education, Head Start, and the Contra Costa Child Care Council have shown interest in partnering in this endeavor. The first four months of the *Ready-Set-Go* implementation will be used to design kits that target various age groups and readiness topics, with a first-round distribution in June 2003 to every child entering Kindergarten in Fall 2003.

**(17) Transition Coordinator, *MDUSD and First 5 Contra Costa*.** This new position, under the joint supervision of the Commission's School Readiness Coordinator and District Assistant Superintendent for Elementary Instruction, directly support individual school efforts to evaluate the school's own readiness to support transitions, assess the cognitive, social and emotional needs of their entering students and families, and select transition activities (see #15) that address their families' school readiness needs. The Transition Coordinator will supervise the implementation of the school readiness initiative, including

- overseeing the activities of the Community Collaborative Transition Team (see #18),
- coordinating with the district's Adult Education to implement the school-based preschool services provided by the CBET program (see # 2),
- managing the implementation of Raising a Reader (see # 4),
- ensure family and community involvement in all aspects of the process,
- supporting school efforts to increase school capacity to reach families with children 0-5,
- working with school-based transition teams (see #19) to select and implement appropriate, meaningful, and successful transition activities,
- coordinating community resources to support school efforts through community partners and other commission-funded strategies,
- securing and/or providing appropriate training for outreach workers and school-based preschool services staff,
- maintaining continuous communication with both the First 5 Contra Costa Commission and the MDUSD School District through the decision-making and implementation process.

**(18) The Community Collaborative Transition Team** will be based in the District's Title I team and will be the central, uniting group to coordinate services to support schools' increased school readiness activities. Quarterly, this team will extend its meeting time to focus on School Readiness issues. As all



of the schools that qualify for SRI funding are also Title I schools, the Title I team is a natural and logical platform to extend the discussion from meeting all children's needs to meeting the needs specifically of prospective students and families. Further, every school currently sends representatives to the monthly Title I meetings, including principals, teachers, and/or outreach workers. Therefore, in addition to school representatives that are already present at the Title I meeting, stakeholder parents, providers and partners will be invited to the portion of the meetings devoted to discussing how to better meet the needs of children 0-5 years and their families. The Community Collaborative Transition Team will coordinate and obtain resources to support the transition activities across the 7 target schools through the school-based transition team structures. In summary, the role of the Community Collaborative Transition Team is to:

- Support schools' outreach efforts through training and coordination of services
- Develop a menu of transition strategies that build on family strengths (see page 29 for examples) and build on existing school, district, and community resources and strengths
- Assist schools with selecting and implementing appropriate transition strategies tailored to community needs
- Foster collaborative community relationships as an essential resource

**(19)** Every school will also have its own **school-based transition team** made up of parents (with children in school and prospective parents), teachers, and outreach worker(s) and a school staff member to serve as the school's transition team coordinator. An integral part of the school transition team is the outreach worker(s) who will both connect families with schools, but also connect schools with the needs of the community. The school-based transition team, coordinated by a key school staff member with assistance from the district's Transition Coordinator, will determine appropriate activities and programs tailored to community needs, based on information gathered by outreach workers and school-based parent groups (such as Platicas groups). Ultimately, through the school transition team and the decision-making and implementation of activities, community awareness and capacity will be strengthened in such a way to promote existing and prospective families to become leaders in outreach activities and leaders in school efforts to envision and create transition activities. Some schools have selected their existing School Site Council as the platform for discussions around transition activities, others will use grade level teams, and others will enlist their Platicas in conjunction with other school structures to oversee creation and implementation of their transition plan.

**Other Community Partners:** Various partners will collaborate with the district and schools to enhance school readiness efforts. Among these interested external partners are the Monument Community Partnership<sup>27</sup> (see appendix, page A-8 & 9 for description), Child Care Council, City of Concord, Bay Point Family Health Center, local Community Colleges, and the County Office of Education. Within the district, in addition to Adult Education, the parent liaison at Mt. Diablo High School and director of After Schools Programs also are interested in participating in future discussions. These partners (and others) will be included in the Community Collaborative Transition Team efforts and the details of their role will unfold over time. The most critical partners' Letters of Commitment are found in Appendix C.

In particular, an effort will be made to include community agencies serving families with children with special needs such as the Regional Center and CARE parent network. Importantly, the district's Special Education Department is a key collaborating partner and is working toward increased staffing to support neighborhood preschools' ability to meet the early care and education needs of more children who have special needs in their own communities, and reduce the need to bus children to the Gregory Gardens and Shadelands sites.

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<sup>27</sup> Monument Community Partnership was formed as collaborative of residents, human service agencies, government and local business owners striving to build a healthy community. Consists of Neighborhood Action Teams and issue-based Task Forces (education, health, housing, and economic development)

### C. Roles and Commitments Provided by the Participating District and Schools

The highlights of the school and district commitments are described in the Letter of Commitment (see appendix C), signed by the Superintendent and each of the school principals, as well as in the Memorandum of Understanding between the District Adult Education and First 5 Contra Costa. From the outset of discussions, district administrators, including the Superintendent, Assistant Superintendent of Elementary Instruction, and the 7 principals made a strong commitment to School Readiness and the design of this *Ready-Set-Go* plan.

The school district, as well, has devoted staff, resources, and time to focus on school readiness issues and this initiative fits well within its continued work to better reach families and prepare prospective students. The district has committed to participate on and coordinate with the Community Collaborative Transition Team, which will enable it to integrate school readiness into its overall district plan. It is a result of the district's support and strategic focus that all the schools are willing and able to participate in this initiative.

This *Ready-Set-Go* plan relies upon the *school* as the key partner in promoting early, positive interactions and continuity between early care settings (home or formal care) and school that smooth transitions and support student success.<sup>28</sup> Outreach workers will be a key link between schools and the community and, as such, school support of outreach workers and parent liaisons to think differently about their approach to reaching families beginning prior to school entry is essential. Schools have committed to supporting this refocus of outreach worker time and work and every school has also agreed to dedicate up to \$5,000 per year to support their parent liaison and/or healthy start worker to increase their hours (up to 10 hours) to carry out outreach to families with children ages 0-5 in their school attendance area.

The district's Adult Education Department will facilitate the hiring of the preschool teachers, include teachers in existing staff meetings, take the lead in providing a curriculum for all the preschool programs and be responsible for the purchase of permanent program materials (see MOU, Appendix C). Every school is committed to their new enhanced preschool /parenting education programs and have agreed to dedicate space as well as supervise the day-to-day operations of the programs. The district will absorb the increased costs associated with increased building use, including custodial.

Through its school-based Transition Team (e.g. an extension of their School Site Council, Grade Level teams, etc.), every one of the 7 schools agreed to fully participate in a "ready school" self analysis and to modify practices to more fully engage families in their school attendance area, to implement transition activities that connect families and young children with the school, and to collaborate with preschool service providers and community partners. Each school will appoint one or more representatives to serve on the Community Collaborative Transition Team. Because of its integrated approach, the Transition Team also serves to increase the capacity of schools to be ready for children. The team provides a collaborative network of community support that benefits schools by

- Integrating / enhancing existing school efforts
- Fostering long lasting parent involvement, impacting later student achievement
- "Jump starting" kindergarten preparation and class functioning
- Providing schools access to other resources
- Enabling earlier intervention of children who need extra support

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<sup>28</sup> Entwisle, D. R. (1995). *The Role of Schools in Sustaining Early Childhood Program Benefits*, In *The Future of Children*, 5:3 Winter.

## D. Coordination and Integration of Current and New services, Including Collaborative Governance and Administration and Evidence of Formal Linkages

### *Projected timeline for implementation*

The chart below depicts the projected timeline for implementation of new program strategies. Prior to the onset of the program, the Assistant Superintendent for Elementary Instruction and the Commission's School Readiness Community Program Specialist will finalize a mutually beneficial job description for the Transition Coordinator. Activities to recruit and hire the Transition Coordinator will begin immediately, with the goal to hire this person by March 1, 2003. At the same time, the school-based transition teams and Community Collaborative Transition team members will be selected and formed so that the teams can begin work immediately to create the transition plan, including activities that both support cross training and collaboration between schools and childcare providers as well as relationship-building between schools and children and families. (Note: if it takes longer to hire a Transition Coordinator than originally anticipated, the Commission's School Readiness Community Program Specialist will begin work with the school and community transition teams).

### **Timeline for Implementation of New Ready-Set-Go Program Strategies**

Activities:	Feb-03	Mar-03	Apr-03	May-03	Jun-03	July-03	Aug-03	Sept-03	Oct-03	Nov-03	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04	May 04	Jun-04	July 04	Aug-04	Sept 04	Oct 04	Sept 04-Jan 07		
Transition Coordinator Hired		XX																						
CCTT formed, meets 4rly		XX			XX			XX			XX			XX			XX			XX		Etc.		
School teams formed, meet		XX		XX		XX		XX		XX		XX		XX		XX		XX		XX				
Transition plan/ activities		O	N	G	O	I	N	G		O	N	G	O	I	N	G		O	N	G	O	I	N	G
Outreach training & activities	O	N	G	O	I	N	G		O	N	G	O	I	N	G		O	N	G	O	I	N	G	
Transition to Kinder Kits	planning				XX																			
FRLC - Monument Corridor							XX																	
FRLC - Bay Point area (est)																			XX					
Meadow Homes AM CBET			XX																					
Meadow Homes PM CBET			XX																					
Cambridge AM CBET			XX																					
YVE AM C BET			XX																					
Shore Acres COOP			XX																					
Rio Vista COOP									XX															
Fair Oaks COOP															XX									
Bel Air COOP																					XX			
Raising a Reader			XX						XX						XX						XX			

Outreach training and outreach activities, coordinated through Healthy Start and, initially, through the Commission's School Readiness Community Program Specialist, will begin the first month, including bringing together outreach workers, parent liaisons, home visitors, Promotoras to assess required training needs and ways for mutual support. The County Office of Education's training of outreach workers will occur in the first few months as well.

The enhanced CBET preschool services will begin in April 2003. The first two months of the grant period will enable the Adult Education Department time to work out the program details, including the curriculum development and hiring the preschool teachers. Preschool teachers will be recruited and will begin one week before the actual start of the CBET preschools for training, curriculum review, and other preparation needs. The Cooperative preschools in the 3 Bay Point schools and Fair Oaks will be phased in based on budgetary considerations which are dictated by enrollment requirements. (The implementation of each new school preschool cooperative will be reliant upon the success of the previous programs as measured by adequate enrollment--each program must reach enrollment of 24 to make budget). An important part of the school-based outreach workers and Promotoras job in these communities will be to "market" the programs in conjunction with the Adult Education efforts.

The Transition Coordinator will be trained in early Spring by United Way's Raising a Reader, and Raising a Reader will be put into place simultaneously with the onset of each new preschool program, including staff training and program implementation with parents.

### ***Coordination and integration of services through collaborative governance and administration***

The *Ready-Set-Go* plan rests on an integration of services model and team approach to addressing the needs of children and families in the target communities. The diagram (next page) illustrates the relationship between the school based transition teams, the Community Collaborative Transition Team, and the partnering community agencies. This coordination and integration increase the likelihood that schools will connect with every target family and child according to their plan, and that appropriate resources, services and supports will be accessible to all families.

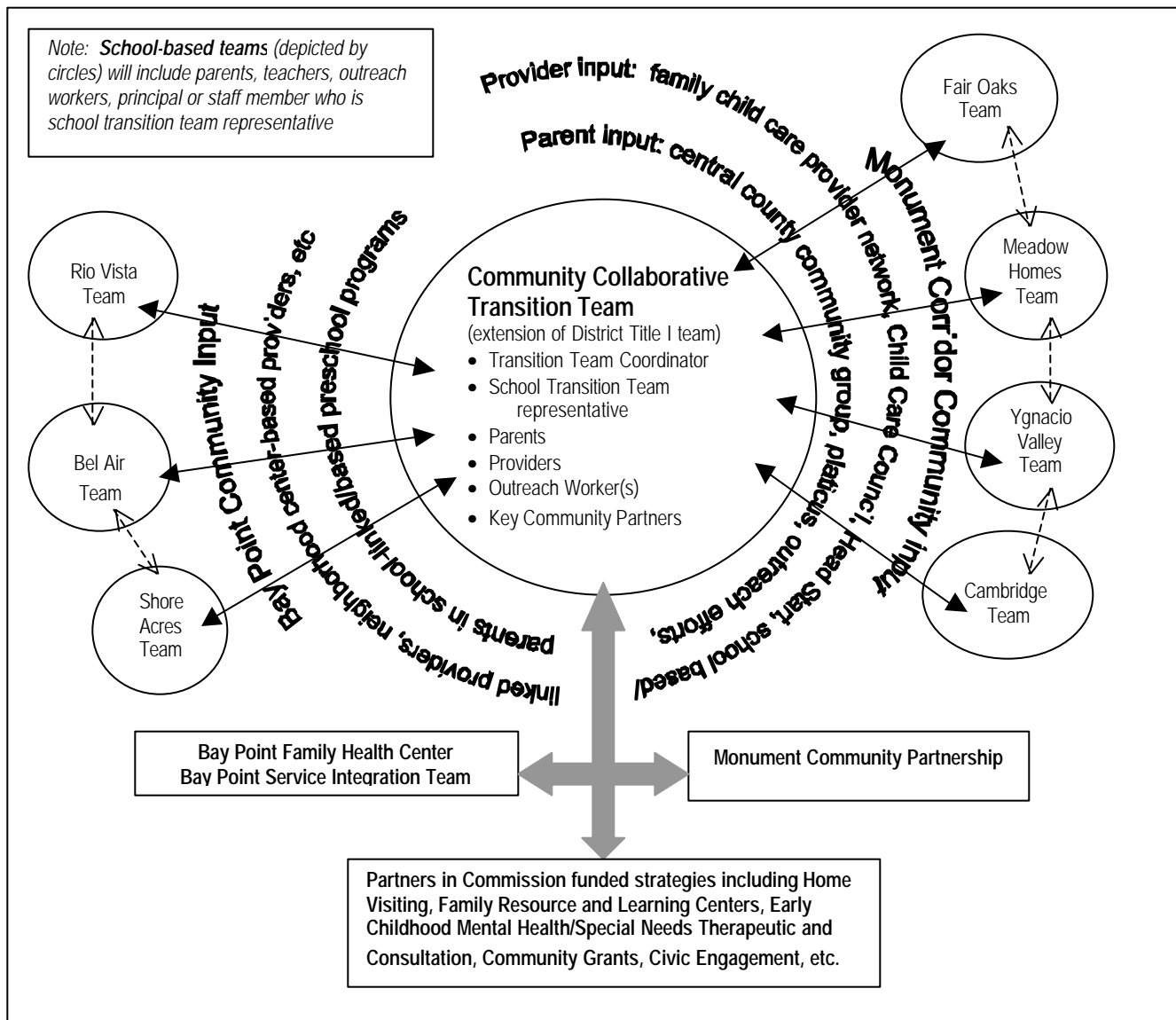
As described in the previous section ("programs"), the Transition Coordinator will oversee the governance and implementation of the *Ready-Set-Go* plan through the Community Collaborative Transition Team, as well as support school efforts to implement effective transition practices by working with school-based transition teams and one-on-one with school staff. As such, the district and Commission will collaborate to hire and supervise this individual, and the Transition Coordinator will be responsible for maintaining communications with the district supervisor (Assistant Superintendent for Elementary Instruction) and First 5 Commission staff to ensure the *Ready-Set-Go* plan continues to meet the needs of both district and Commission. The Commission's School Readiness Community Program Specialist will also be involved in the Community Collaborative Transition Team to maintain a tighter connection with other integral existing and potential Commission strategies.

The relationship between the Community Collaborative Transition Team and the schools is depicted by a solid two-way arrow connecting the central team and schools, through the community of parents and providers, because it is meant to show the essentiality of community voice and reciprocal communication and information-sharing between and within the community and school transition teams. Parents and providers play a key role in the community collaborative and school transition teams. As mentioned previously, an end-goal of reaching families is to build community leadership and advocacy to enable residents to strengthen communities for their families. The City of Concord and the Monument Community Partnership are devoted to fostering resident leaders through the Platicas groups and Neighborhood Action Teams, and Head Start, another collaborating agency has a strong parent involvement component. The Commission's Community Engagement work, yielding four strong and growing regional groups, is a forum for community engagement work and community input, and as such, the Central County Regional Group, as well representatives from other aforementioned community

groups, will continue to be vital participants throughout decision-making, implementation and governance process.

The communication and sharing of ideas between schools outside of the built-in forum provided by the Community Collaborative Transition Team is more loosely defined and less structured (shown by broken arrows) than the relationship between the Community Collaborative Transition team and the schools. However, because some of the schools have overlapping attendance areas, all are Title I schools and share common needs and concerns, a natural relationship and reason for communication does exist and will continue to be encouraged by the Transition Coordinator and supported through and outreach workers in their Healthy Start meetings.

### Governance of the *Ready-Set-Go* Plan to Ensure Community Input and Involvement, Coordination of Community Resources, Systems Change, and Sustainability



The Community Collaborative Transition Team's primary responsibilities, in partnership with schools through the school-based transition teams and community agency stakeholders, are to increase coordination of services to meet the needs of families and to create a Transition Plan that incorporates a variety of transition practices and strategies for addressing family needs, designed to be flexibly applied across a wide range of needs and strengths, that may be implemented based on the needs and strengths of the child, family, teacher, school and community.<sup>29</sup> It would be neither effective nor efficient to include every potential partner in the Community Collaborative Transition Team meetings toward these ends. Rather, it will be the role of the Transition Coordinator and School Readiness Community Program Specialist to maintain mutually beneficial linkages with appropriate community and county-wide agencies and groups (linkage depicted by the solid shaded arrows) to ensure programs and services are available to families. For example, it is this type of connection that will enable families with special needs children, who are identified through school-based outreach efforts, to connect with services provided by CARES, the school district's Special Education Preschools, and/or the Early Childhood Mental Health & Special Needs Consultation. It is this type of linkage that will enable home visitors to refer families to schools (for tracking and continued outreach), to FRLCs, school-based parent support groups and parent-child cooperatives, and school initiated transition activities when they work with new parents. Conversely, families where outreach efforts have identified preschool age children with new baby siblings can be referred to home visiting services for multi-risk families. Ultimately, the linkages created by the transition team model promote multiple methods of outreach to families in the communities and the increased likelihood that families will receive the services they need.

## **SECTION 3. OPERATIONS**

### **A. Collaborative Planning and Decision Making**

The governance model described in section 2-D (see previous section for detail) will build upon existing structures and create new mechanisms to engage parents, childcare providers, elementary school staff, and community/agency representatives in ongoing planning and decision-making. The governance model will increase the capacity of school staff to reach children and families living in their attendance area prior to school entry, as well as to foster community leadership and advocacy to enable residents to strengthen their own communities. The success of *Ready-Set-Go* relies the reciprocal communication among teachers, providers, parents and community. As a result, the plan provides multiple methods of gaining broad-based and inclusive community input and involvement in planning and decision-making—through outreach workers, school transition teams, and the Community Collaborative Transition Team. These three overlapping mechanisms form the responsive governance model that will enable stakeholders to evaluate and modify *Ready-Set-Go* plan activities and to engage new partners in ways that meet the changing needs of *all* children and families in the school attendance areas. The school transition teams have been allocated a discretionary budget, administered through the Community Collaborative Transition Team, for transition activities, stipends and incentives for staff, parents, and community to engage in this plan.

### **B. Staffing and Professional Development**

**Staffing to support implementation of *Ready-Set-Go*.** Ideally, the newly hired Transition Coordinator will have education and/or experience in both preschool and elementary school education, as well as some background in community engagement and program planning. He/she must be savvy and skilled in the realities of both educational environments in order to build and maintain relationships between preschool and elementary school educators, as well as to help to link families of preschool age children

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<sup>29</sup> Various resources from Ready at Five Partnership, including *Achieving School Readiness: A guide for local school communities*, available online at <http://www.readyatfive.org>, as well as other transition strategies, techniques, recommended school policies, a packet of parent materials, and a sample action plan that schools can use to effectively reach families before school entry.

with their neighborhood elementary schools. The Assistant Superintendent of Elementary Instruction and First 5 Commission staff will create the Transition Coordinator's job description and collaboratively will hire, supervise, train, and support the Coordinator. Further, the Transition Coordinator will work closely with the commission staff as well as with school and district personnel to identify and respond to ongoing identified needs for outreach workers, school staff, and community-building training. In the first 6 months, the Transition Coordinator will conduct a needs assessment and develop a training/professional development plan for the personnel involved in the *Ready-Set-Go* plan, including the outreach workers, school staff and school-level transition team members (including teachers, parents and providers), and community collaborative team members.

**Staffing and professional development to support outreach.** In most schools, the existing outreach workers and/or parent liaisons will increase their hours by between 8 to 10 hours per week and refocus their current work to reach out to prospective children and families. Currently, their roles range from clerical work, to translation, to holding parent meetings and arranging guest speakers, to conducting home visits; all of their work is with parents and families who are currently members of the K-5 school community. With training and increased hours, the Healthy Start workers and parent liaisons feel that the outreach to parents with children 0-5 years in the community would complement their current work.

#### **In Bay Point:**

- Bel Air will increase the hours of their African American Healthy Start worker and will work closely with the Bay Point Family Health Center's Promotoras to reach their significant number of Spanish-speaking families. The Transition Coordinator will also work with Bel Air staff to recruit a community member or parent to reach their Asian population (11 percent).
- Rio Vista will increase the hours of both their African American Healthy Start worker and their existing Latino parent liaison
- Shore Acres will increase the hours of their Latino parent liaison to reach their predominately Latino community.

In all three schools, the Transition Coordinator and Bay Point Family Health Center and Healthy Start Staff (who work in the same complex) will work to coordinate school-based outreach activities with the work of Promotoras to maximize outreach and training to parents regarding health care issues and to disseminate school readiness information.

#### **The Monument Corridor**

- The populations at Meadow Homes and Cambridge are predominately Latino families (est 70-80 percent). Both schools, and Ygnacio Valley as well (50 percent Latino), will increase their Latino Healthy Start worker's hours and refocus the work of their Spanish-speaking parent liaisons to create stronger connections with more families in the community. All three schools also have active Platicas parent groups. The parent liaisons are instrumental in running the Platicas meetings. In all three schools, members of the Platicas will also be recruited to reach out to their communities.
- Fair Oaks is a much more diverse population, serving African American Asian, Hispanic, and White families. Having recently qualified for Title I, Fair Oaks is the only school that has neither a Healthy Start worker nor a parent liaison to serve in the capacity of outreach. Fair Oaks will recruit and stipend families in the school or active members of the community to provide outreach.

In March 2003, the Transition Coordinator will meet with the outreach workers and the parent liaisons to assess the training needs and create a plan to increase outreach workers' ability to reach children 3-5 and their families. In addition, the needs of home visitors to families with children 0-2 will be considered as the training plan is created to ensure that all children and families are reached. Several partners have

offered professional development and training support to individuals who will provide outreach, home visiting, and parent support, including:

- The County Office of Education's HIPPY coordinators have committed to provide in-kind training to all outreach/parent liaisons from the 7 schools (see Appendix C, Letter of Commitment). Such training will provide outreach workers of all kinds with the tools to identify families and learn a variety of approaches to making culturally appropriate contacts with families.
- The Bay Point Family Health Center will secure Promotora training from Colaborativo SABER, with over 15 years experience in developing and implementing Promotora programs, to assist with hiring and training to begin teaching basic Promotora skills. These skills include communication, community advocacy, facilitating group discussions, health promotion skills, and resident engagement skills, and community resource information. Promotora trainings will be extended to school based outreach workers from both the Monument Corridor and Bay Point.

**Staffing and professional development to support the Adult Education preschools.** Mt. Diablo Adult Education will facilitate hiring for both the Community-Based English Tutoring and the Parent Education Cooperative preschool programs. Teachers in all the preschools will have scheduled staff meetings with the Adult Education Coordinator to discuss preschool issues and to take advantage of other staff development opportunities. Teachers hired to work in the adult education preschools will be included in the ongoing training and professional development opportunities offered through the *Ready-Set-Go* plan, including Raising-a-Reader literacy training (below).

**Staffing and professional development to support Raising-a-Reader.** The Transition Coordinator will receive direct and intensive training in the Raising a Reader literacy program from United Way. The Raising a Reader program will be implemented with families by the teachers hired to run the preschool services aspects of the Adult Education Preschool Cooperative and CBET programs. Preschool teachers in those programs will not only receive training by the RAR coordinator (Transition Coordinator), but also a teacher/provider curriculum kit. According to the program model, the participating school based providers will attend a training to learn about effective implementation of the book bag program. At the training, providers are taught about the effects of reading on later growth and cognitive skills. Additionally, with the teacher kit, teachers are equipped with curriculum materials that allow for the integration of RAR into classroom activities. Contents include a teachers guide, an idea book of enrichment activities, and a teacher video that reinforces the concepts learned in the training.

**Professional development to support children with special needs.** Child Care Solutions, a partner in the implementation of the plan, provides on site observation for children referred by licensed child care providers in the county, and supports and builds the capacity of child care providers to maintain challenging children in normative settings by providing assistance with behavior management. Through Child Care Solutions, providers will receive in-service training and assistance to identify children who need diagnostic assessment and referral for mental health or developmental services as early as possible. Children may be referred to the Child Care Solutions consultants for screening through the Child Care Council or by center directors; children may then be referred to outside agencies such as the Regional Center of the East Bay, Family Stress Center, and JFK counseling, or the local school district to obtain additional assessments. Coordination with Child Care Solutions will increase the training and support for providers to serve special needs children.

**Professional development to support other program components.** The Commission's CCKids Learning and Technical Support Center has committed to providing training and technical assistance, on an as-needed basis, to support grantees of Commission-funded strategies (such as Home Visiting, School Readiness, Family Resource and Learning Centers, and community grants) and other providers of children's services to improve service delivery, increase collaboration and integrate services for young children and families.



## Ready-Set-Go Plan Summary

The *Ready-Set-Go* plan proposed by the Mt. Diablo Unified School district will provide school readiness services to children and families living in the attendance area of seven schools, located in the Monument Corridor (Concord) and Bay Point. The plan offers families new school-based parenting education preschool services, connects schools and families through intensive outreach and school initiated transition activities, and provides families with transition materials to better ready their children for school. The plan creates a governance structure to increase communication among parents, teachers, providers, and other community stakeholders about decisions that affect children 0-5 years, builds a network of support to strengthen families and build community leadership, and provides increased coordination of services to link families with community supports. The plan coordinates and expands upon the existing community partnerships, supports leadership development in community residents, implements a model for community and school collaboration which builds upon existing structures, creates new programs and services, and introduces new staff positions to achieve these ends. The comprehensive plan will help to equip parents to better support their child's early development, increase the ability for schools to reach out to prospective families, and prepare children for school and for life.

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**School Readiness Estimated Program Budget  
CCFC & County Match and Estimated # Served**

The dollar amounts should reflect the funds being received from the CCFC and those leveraged by the County Commission.

Applicant County: **Contra Costa**

Name of School Readiness Program: **MDUSD Ready-Set-Go**

<b>“Match” Funding Organization</b>	<b>Fiscal Year 2002-03 Feb – June 03</b>	<b>Fiscal Year 2003-04</b>	<b>Fiscal Year 2004-05</b>	<b>Fiscal Year 2005-06</b>	<b>Fiscal Year 2006-07 July – Jan</b>	<b>Total</b>
A. County Commission <sup>30</sup>	\$ 754,246	\$ 893,891	\$ 893,891	\$ 893,891	\$ 503,145	\$3,939,064
B. Funding Partners ( <i>In Kind and Match</i> ):						
Mt. Diablo Adult Education <sup>31</sup>	\$ 12,975	\$ 58,925	\$ 73,324	\$ 74,759	\$ 31,776	\$ 251,759
United Way Raising a Reader <sup>32</sup>	\$ 25,745	\$ 8,055	\$ 0	\$ 0	\$ 0	\$ 33,800
7 Target Schools	\$ 17,500	\$ 35,000	\$ 35,000	\$ 35,000	\$ 17,500	\$ 140,000
Bay Point Family Health Center	\$ 35,000	\$ 15,000	TBD	TBD	TBD	\$ 50,000
Mt. Diablo School District <sup>33</sup>	\$ 4,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 6,000	\$ 40,000
County Office of Education <sup>34</sup>	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 10,000
Head Start <sup>35</sup>	<i>see note</i>					
<b>Total Local Funding for Match</b>						
C. CCFC State Funding	\$ 95,472	\$ 190,688	\$ 214,502	\$ 217,915	\$ 111,599	\$ 830,176
<b>Total School Readiness Funding</b>	<b>\$ 946,938</b>	<b>\$ 1,213,559</b>	<b>\$1,228,717</b>	<b>\$ 1,233,565</b>	<b>\$ 672,020</b>	<b>\$5,294,799</b>

<sup>30</sup> County Commission funds for activities targeted to Monument Corridor and Bay Point Communities (sum allocation over the four years) include: \$1 million for home visiting, \$1 million for early childhood mental health/special need therapeutic services and consultation; \$1.4 million for family resource and learning centers, \$44,000 for the central county regional group activities, an estimated \$160,000 for community grants (based on historical distribution), \$260 for parent education for special populations, and \$12,500 for training. In addition, a match for evaluation (equal to 5% of the overall grant request) is provided by the County Commission to augment evaluation efforts and integrate the evaluation of Ready-Set-Go into existing evaluation practices.

<sup>31</sup> MDUSD Adult Education matching funds’ source is from Average Daily Attendance Revenue from California Department of Education. It was calculated based on the projection of 6 adult students per class (an increase of 6 per CBET and average of 6 parents in the coop per day) multiplied by number of hours per fiscal year that adult students would be served multiplied by \$4.27.

<sup>32</sup> See budget attached to letter of commitment for detail

<sup>33</sup> These funds will be used to increase custodial services needed as a result of increased building use due to transition activities and CBET/COOP preschools

<sup>34</sup> County Office of Education is providing in-kind staff time to train outreach workers

<sup>35</sup> Community Services Department Head Start is funding the opening of 2 new preschools and expansion of one preschool in the target areas. Community Service Department has received \$3.4 million to date from Health and Human Services (HHS) for facilities construction and development of the three sites in the target areas; CSD expects to receive annually about \$1.5 million from HHS for ongoing operations based on student enrollment in these three sites.

### Estimated Number (#) of Children and Families to be Served

	<b>Fiscal Year 2002-03 Feb – June 03</b>	<b>Fiscal Year 2003-04</b>	<b>Fiscal Year 2004-05</b>	<b>Fiscal Year 2005-06</b>	<b>Fiscal Year 2006-07 July – Jan</b>	<b>Total</b>
Estimated # of children to be served <sup>36</sup>	48	98	98	86	86	416
A. New children served <sup>37</sup>	52	50	74	86	86	348
B. Children served by enhanced services						
C. Total children served (A+B)	100	148	172	172	172	764
Estimated investment per child per year served <sup>38</sup>	\$ 224	\$ 621	\$ 661	\$ 668	\$ 268	\$507 (avg/child/yr)
Estimated # of families to be served <sup>39</sup>	90	140	160	160	160	710

<sup>36</sup> Children/families served by new and enhanced services include only those where direct services are provided through the CBET and Coop Preschools at the 7 elementary schools. Although the outreach and transition activities are staffed and structured to reach every child/family in the attendance area of the 7 elementary schools, it is difficult to project the actual number of families who will be served through the outreach and transition activities.

<sup>37</sup> In the first fiscal year (beginning April), three CBET programs will offer preschool services to existing children in child care (est. 52 children) and open slots for 6 new children each program. In addition, one COOP will open to serve up to 24 children. Because all the CBET and COOP programs are open to children age 3 – 5, beginning in the 2<sup>nd</sup> fiscal year, an estimated 50% of children will “graduate” to Kindergarten, opening new slots for incoming students. In the second fiscal year, 2 new COOP programs will open (24 children each) and in the 3<sup>rd</sup> fiscal year, the final COOP program will open.

<sup>38</sup> These figures are based on the CFC investment only. The actual investment is much higher if the new revenue generated by ADA for the COOP and CBET programs are included. Because of the structure of the program, an integral component of the program is the parent involvement in the preschool and modeling by an adult educator. As a result, it is difficult to separate the investment per child (CFC funds) from the investment per parent (ADA). The 1<sup>st</sup> and 5<sup>th</sup> fiscal year investment is much lower because they are not 12-month years.

<sup>39</sup> Assumes some families have more than one child attending the preschool program. Figures are for COOP and CBET programs only, see footnote 37.

**Form 4B**

**School Readiness Estimated Program Budget**

**STATE CCFC FUNDS**

Applicant County: Contra Costa  
Control # (State CCFC use): \_\_\_\_\_

Name of School Readiness Program: MDUSD Ready-Set-Go

Description		Fiscal Year 2002-03 Feb – June 03	Fiscal Year 2003-04	Fiscal Year 2004-05	Fiscal Year 2005-06	Fiscal Year 2006-07 July – Jan
	* Early Care and Education	\$ 22,392	\$ 91,864	\$ 113,610	\$ 114,894	\$ 46,034
	* Parenting/Family Support Services	Matching funds	Matching funds	Matching	Matching funds	Matching funds
	* Health and Social Services	Matching funds	Matching funds	Matching funds	Matching funds	Matching funds
	* Schools' Readiness for Children	\$ 46,000	\$ 19,500	\$ 19,500	\$ 19,500	\$ 16,000
	* School Readiness Program Infrastructure and Administration	\$ 27,080	\$ 79,324	\$ 81,392	\$ 83,521	\$ 49,565
TOTALS		\$ 95,472	\$ 190,688	\$ 214,502	\$ 217,915	\$ 111,599

Applicant County: Contra CostaSchool Readiness Program: MDUSD Ready-Set-Go

ITEM (describe))	CCFC FUNDS - Amount Budgeted					Totals
	Fiscal Year 2002-03 (5 months)	Fiscal Year 2003-04	Fiscal Year 2004-05	Fiscal Year 2005-06	Fiscal Year 2006-07 (7 months)	
Transition activities	\$ 6,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 5,000	\$ 32,000
CBET and COOP preschools	\$ 11,075	\$ 50,320	\$ 70,820	\$ 70,820	\$ 27,225	\$ 230,260
Transition to Kindergarten Kit	\$ 40,000	\$ 12,500	\$ 12,500	\$ 12,500	\$ 11,000	\$ 88,500
<b>PROGRAM EXPENSES</b>						
<b>SUBTOTAL</b>	\$ 57,075	\$ 69,820	\$ 90,320	\$ 90,320	\$ 43,225	\$ 350,760
Transition Coordinator Salary	\$ 22,750	\$ 68,933	\$ 71,001	\$ 73,130	\$ 43,504	\$ 279,317
Preschool teachers for CBET program	\$ 11,318	\$ 41,544	\$ 42,790	\$ 44,074	\$ 18,809	\$ 158,534
Evaluation	\$ 4,330	\$ 10,391	\$ 10,391	\$ 10,391	\$ 6,061	\$ 41,564
<b>ADMINISTRATIVE EXPENSES</b>						
<b>SUBTOTAL</b>	\$ 38,397	\$120,868	\$124,182	\$127,595	\$ 68,373	\$ 479,416
ALL EXPENSES FOR EQUIPMENT AND FIXED ASSETS ARE IN-KIND						
<b>EQUIPMENT &amp; FIXED ASSETS</b>						
<b>SUBTOTAL</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>ANNUAL TOTALS</b>	<b>\$ 95,472</b>	<b>\$ 190,688</b>	<b>\$ 214,502</b>	<b>\$ 217,915</b>	<b>\$ 111,599</b>	<b>\$ 830,177</b>

**PROGRAM TOTAL**

**School Readiness Program Budget Detail**  
***Ready-Set-Go* - Budget Narrative**

**Form 4C-2**

The *Ready-Set-Go* plan for Mt. Diablo Unified School district represents a cost-effective use of funds that maximizes existing resources and capitalize on services provided by community partners and other Commission strategies. The programs and services that are reflected in the *Ready-Set-Go* plan address the needs prioritized by community members, while building capacity and leadership in community and strengthening schools' readiness for children. The *Ready-Set-Go* plan fits within the overall Commission goals and objectives for reaching children 0-5 and their families as evidenced by the significant matching contribution through the First 5 Commission's allocation to other, collaborating County Commission strategies. The plan also reflects the dedication of other agencies and service providers, including the district, thereby doubling the state fund revenue with these in-kind and match contributions.

**Revenue**

First 5 Contra Costa is exceeding the state match by contributing approximately \$984,766 per fiscal year to programs and services that support *Ready-Set-Go*. This contribution (\$3.9 million+ over 4 years) is nearly 5 times the state match over the four program years. Total in-kind and match contributions through ADA, program partners, and the school district totals \$515, 555 over the four years.

**Total Expenses: \$830,176**

**Administrative Expenses: \$479,416**

**Salaries** totaling \$437,852 will support one full time transition coordinator (including fringe benefits, equals \$279,317) and four part time preschool teachers for the CBET programs (each average 16 hours per week including 1 hour per day of preparatory time, equal \$158,535) on contract, with no fringe benefits. Salaries for transition coordinator and preschool teachers include a 3% cost of living increase (COLA) per year.

**Evaluation** equals 5% of the overall request for funds (\$41,564). A minimum of a 1:1 match for evaluation is also provided by the First 5 Contra Costa Commission to support evaluation of all of the Commission's strategies, of which the School Readiness Initiative is an integral component (Commission has allocated \$500,000 per year for evaluation of its strategies).

**Program Costs: \$350,760**

**Transition Activities**, for discretionary use by the Transition Coordinator in collaboration with the school transition teams and Community Collaborative Transition Team, average \$7500 per year, with additional up-front allocation for start up programs. Total 4-year allocation (to be augmented by school funds as needed) = \$33,500. Allocated funds may be used for childcare, food, materials for events, and other related program costs.

**CBET and COOP preschool program materials**, including start-up costs and day-to-day expenses for preschool materials total \$229,676 for all 9 classrooms. The cost of program materials to enhance the CBET childcare equals \$19,845 for Cambridge, \$17,640 for Ygnacio Valley, and \$44,190 for 1 morning and 2 afternoon programs at Meadow Homes. Each of the four new preschool cooperative programs are allocated \$12,000 per year (augmented by state ADA) and cost of programs varies based on date of implementation. Cooperative preschools are allocated a total of \$46,000 for Shore Acres, \$40,000 for Rio Vista, \$34,000 for Fair Oaks, \$28,000 for Bel Air. Program costs are calculated based on \$2.50/child times the # days/week in attendance.

**Transition to Kindergarten Kits** for the cost of kit creation, including materials and parent education component for an estimated 750 4 year olds and 750 3 year olds per year. Total \$88,500 from School Readiness funds, plus possible matching funds from partners)

## SCHOOL READINESS PROGRAM DIRECTORY INFORMATION (SCHOOL READINESS PROGRAM PROFILE)

<b>County Commission:</b> Contra Costa <b>Executive Director:</b> Brenda Blasingame <b>Address:</b> 1340 Arnold Drive, Ste 125, Martinez 94553 <b>Phone:</b> (925) 335-9991 ext 33 <b>FAX:</b> (925) 335-0418 <b>E-Mail:</b> <a href="mailto:bblasingame@cckids.org">bblasingame@cckids.org</a> <b>Commission Contact:</b> Debi Silverman <b>Title:</b> School Readiness Community Program Specialist <b>E-Mail:</b> <a href="mailto:dsilverman@cckids.org">dsilverman@cckids.org</a>	<b>School Readiness Program:</b> Mt. Diablo Unified School District (MDUSD)  <b>District Contact:</b> Roger Bylund, Assistant Superintendent <b>Address:</b> 1936 Carlotta Drive Concord 94519 <b>Phone:</b> (925) 682-8000 <b>FAX:</b> (925) 689-1466 <b>E-Mail:</b> <a href="mailto:bylundr@mdusd.k12.ca.us">bylundr@mdusd.k12.ca.us</a>
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School District/School	Enrollment	Grades	School District/School	Enrollment	Grades
MDUSD-Bel Air Elementary	706	K-5	MDUSD-RioVista Elementary	586	K-5
MDUSD-Cambridge Elementary	703	K-5	MDUSD-Shore Acres Elementary	811	K-5
MDUSD-Fair Oaks Elementary	440	K-5	MDUSD-Ygnacio Valley Elementary	631	K-5
MDUSD-Meadow Homes Elementary	853	K-5			

<b>Community Characteristic</b>	<p>Between 60 and 80 percent of children attending the Bay Point and the Monument Corridor schools participate in FRLP (an indicator of poverty) and 20 to 60 percent are ELL, depending on the school. Shore Acres (in Bay Point) and Cambridge and Meadow Homes (in the Monument Corridor) serve the highest percentage of families in poverty and non-English speaking families in the district.</p> <p>The City of Concord and the Monument Community Partnership have been promoting leadership in the Latino community and coordinating services for residents. The Bay Point community remains unincorporated which makes coordination of services more difficult, but not impossible. The Bay Point Family Health Center and Bay Point Service Integration Team are important entities that help residents with health care needs, career assistance, and service integration.</p> <p>Despite the differences in demographics and community characteristics, residents voiced similar needs and concerns, including: more school-based or neighborhood based parent education, ESL, support groups, and preschool programs; more outreach to families and in-home providers around school readiness needs and health education; and better communication of kindergarten readiness expectations to parents and alignment of curriculum between childcare settings and schools.</p>
<b>Services and Programs</b>	<p>Every school in the Monument Corridor (3) offering CBET (ESL, literacy, &amp; parenting education) will enhance existing childcare with 6-12 hours/week of <u>preschool services</u>; every school in Bay Point (3) plus one school in the Monument Corridor will implement a new <u>adult education preschool</u>.</p> <p><u>Outreach</u> to families with children 0-5 years will connect schools with every family in their attendance area and enable schools to provide <u>school readiness and transition to Kindergarten activities</u> to parents and children. Newly formed school- and community-based <u>transition teams</u> will increase <u>coordination of services</u> and link families with appropriate community supports.</p>
<b>Collaborative Partners</b>	<p>Mt. Diablo Unified School District Elementary Education, Adult Education and Special Education; United Way Raising a Reader; Monument Community Partnership, City of Concord; Bay Point Family Health Center, Bay Point Service Integration Team; Community Services Department - Head Start; Child Care Council; Contra Costa County Office of Education; Partnerships created through Commission funded strategies including: Home Visiting Strategy, Early Childhood Mental Health/Special Needs Therapeutic and Consultation Strategy, Family Resource and Learning Centers Strategy, and Parent Education (special populations) Strategy</p>



## **Raising A Reader (United Way)**

### **Excerpt from Agency Grant proposal to Stuart Foundation**

#### **Raising A Reader Summary**

RAR is a book bag program that is offered to low-income and limited English speaking families through settings such as child care centers, family child care homes, and home-visiting programs. The purpose of Raising A Reader (RAR) is to encourage caregivers to lap read to young children daily so that infants and toddlers develop important reading skills and a love of reading. The cornerstone of RAR is its family, community and partnership-oriented approach. As such, RAR is aligned with the Stuart Foundation's funding priority of strengthening community systems and partnerships to support children and their families.

#### **Problem Statement**

Over the last decade, research has clearly demonstrated that in the earliest years of life, language development and the acquisition of early literacy skills are paramount to future success in school. Studies also overwhelmingly support the premise that "the single most important activity for building understanding and skills essential for reading success appears to be reading aloud to children." (Bus, Van Ijzendoorn, & Pelligrini, 1995).

Sadly, recent surveys show that children who live in poverty, have parents with low-levels of education, or have parents with limited English proficiency, are not read to routinely. "While a child growing up in a middle-class family has been exposed to 1,700 hours of picture book reading by 1<sup>st</sup> grade, a child growing up in a low-income family has been exposed only to 25 hours of one-on-one reading by the same age," (McQuillan, 1998). RAR, with its multi-lingual, multi-cultural approach, was created to close this gap and help children achieve basic pre-literacy skills that prepare them for school and life.

#### **Organizational Capacity and Involvement in Raising A Reader**

Founded in 1922, UWBA is one of the largest private funders of community services in the seven-county San Francisco Bay Area. Headquartered in San Francisco, UWBA serves Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo and Solano counties.

As a volunteer-based organization, UWBA is dedicated to partnering with contributors to build healthy and safe communities. The Bay Area Community Fund, UWBA's signature fund, leverages small and large gifts to focus on four critical impact areas: Education, Health, Safe Communities, and Self-Sufficiency. Within these four areas, investments are made in programs, organizations, and collaborations that have proven their ability to achieve specific goals and deliver measurable results.

RAR is one such collaboration in which UWBA's Education Team is involved. UWBA currently invests and supports RAR in three Bay Area Counties: Contra Costa, Napa, and San Francisco, as a strategy to improve the quality of child care. Success By 6<sup>®</sup>, an early childhood development initiative created and managed by UWBA's Education team, is the umbrella under which this work is carried out. Success By 6<sup>®</sup> focuses on three strategies: (1) building a skilled and stable child care workforce, (2) improving child care center facilities, and (3) implementing pre-literacy curriculums in child care centers. We believe that RAR is aligned with these strategies on multiple levels and directly reflects our commitment to increasing the quality of child care throughout the Bay Area, and specifically, in Contra Costa, Napa, and San Francisco Counties.

In Contra Costa, UWBA recently brought together key stakeholders, including the Children and Families First Commission, the Contra Costa County Library, the County Office of Education, and the Mt. Diablo School District to discuss how multiple community partners could collaborate on implementing RAR. As a result of these conversations, in February 2003, RAR will launch in 21 preschool classrooms in the Mt. Diablo School District, one of four Contra Costa school districts selected by the Children and Families First Commission to participate in their School Readiness Initiative. This Initiative is focused on helping parents, schools, and communities work together to ensure that children enter kindergarten healthy and ready to learn. A School Readiness Transition Coordinator (a Children and Families First Commission staff person) will coordinate and manage the integration of RAR into the Mt. Diablo preschool classrooms.

### **Raising A Reader Model**

RAR addresses three critical elements that lead to reading success for low-income children: access to books, family reading behaviors, and community systems that support children.

- Access to Books: National statistics show that 61% of low-income families have no children's books in their homes<sup>40</sup>. In, "The Literacy Crisis," Jeff McQuillan concludes that it is not poverty, but access to printed materials, that is the essential factor affecting reading acquisition. RAR was designed to address this challenge.

***RAR provides books to low-income families through the child care settings in which they are already engaged. Each child care provider receives a ready-to-use Classroom Kit that includes red book bags, a Read Aloud: Share a Book with Me video for each family, a Teacher/Provider Curriculum Kit, Blue Library Book Bags for each child, and refresher support materials. Each classroom set includes only the highest quality children's literature, which was chosen by early childhood literacy experts and children's librarians. Books are selected based on age-appropriate themes and artwork, rhythm and rhyming, and exposure to the alphabet and numbers. Each bag contains four books: two in English, one bilingual Spanish-English book, and one supplement book that is specific to the cultural needs of the families in each child care setting. Every week the child care provider sends the children home with a new book bag. Over the course of a year, children and their families will rotate bags 26 times and will be exposed to over 100 acclaimed books.***

Family Reading Behaviors: The complications of daily living, particularly for low-income families that experience multiple risk factors, often lead to a lack of bonding time between a child and parent. RAR helps parents understand that lap-reading is often the best time to bond with their child and to instill a love for reading. To help encourage and facilitate the development of a daily reading routine, RAR provides each family with an award-winning parent instructional video called *Read Aloud: Share a Book with Me*. The video helps parents understand that there are many effective and fun ways to share a book with a child even if they themselves are not confident with their reading skills. Fathers and parents with limited English proficiency are highlighted in the video and encouraged to engage with their child around a book. The video is currently available in seven languages. Through the video and through family literacy nights hosted by the child care providers and local libraries, RAR helps parents to increase their capacity to facilitate their child's cognitive, linguistic, and emotional development.

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<sup>40</sup> McQuillan, Jeff. *The Literacy Crisis: False Claims, Real Solutions*. 1998.

## Bay Point Family Health Center

*The Bay Point Family Health Center is a program of the Contra Costa Health Services Department. The mission of the Center is to improve the quality of life of Bay Point residents by providing and coordinating health and community services through County and Community partnerships. The Center is an active member in the Bay Point Partnership for Public Health and has an excellent reputation and relationship with community residents. Over the past six years the Center has successfully developed implemented or co-located a myriad of health activities and services such as: the Bay Point Children's Dental Program, the Spanish Language and Literacy Assistance Program for access to health benefit programs, immunizations, family planning, mental health counseling, co-dependency classes, English as a second language, WIC, school Healthy Start and social service programs. The Center serves over 1200 community residents on a monthly basis. A health center manager manages the Center. The manager reports to senior staff of the Health Department. Other Center staff include an Administrative Assistant, a health access worker, student worker and 22 other staff who provide Center activities. The Promotora Program would be under the direction of the health center manager, who has more than 15 years management experience. (see next page for Grant Application, funded by California Endowment October 2002)*

July 23, 2002

The California Endowment  
Local Opportunities Fund  
21650 Oxnard Street, Suite 1200  
**Woodland Hills, CA 91367**

**Dear Grant Review Committee:**

**On behalf of the Bay Point Family Health Center, I thank the California Endowment for the opportunity to submit this grant application. If awarded this grant, the Bay Point Family Health Center will develop a Promotora Health Education Program and provide at least 180 Bay Point residents with health education activities, classes and linkages to appropriate healthcare services.**

**Need Statement:**

**Bay Point, California is a community of approximately 22,000 residents on the cusp of transition. On one side of town you can find brand new \$300,000 homes, on the other side of town you can see three families living in one home, sometimes in garages or in little shacks in the backyard. It is also home to an ethnically diverse group of residents. According to the 2000 Census, Bay Point is composed of 36% Caucasians, 39.5% Hispanics, 12% African Americans and 11% Asians. The Bay Point Family Health Center is located in the Shore Acres neighborhood of Bay Point on the grounds of the Riverview Middle School. About 65% of the residents of this Bay Point community are Hispanic. Of the 8,800 or more Hispanic residents, almost 90% are first generation, monolingual, low-income immigrants. The Shore Acres elementary school houses 900 students. 78% of those children qualify for free or reduced lunch, 13% are AFDC families, and 50% of the children are defined as children with limited English proficiency. Many of our Hispanic residents are also illiterate, 25% of the total residents do not have high school degrees. It is unknown how many Hispanic parents also do not have high school degrees. 61% of the families seen at the health center qualify for Medi-Cal. About 40% of our families are undocumented and cannot easily access medical services. Uninsurable residents are connected or referred to appropriate County health benefit programs. Referrals are also made to community non-profit clinics. (Our dental program does provide dental care to uninsured children. Parents are asked to make a \$10 donation if possible.)**

**In any given community residents are treated in our clinic for a myriad of chronic diseases and illnesses. Sadly community resources for providing on-going, culturally sensitive, health education for our residents are almost non-existent in Bay Point. Our clinic nurse provides some health education in the exam rooms. However, 50% of the patients referred to the County's larger clinics for health education never make it to those appointments due to a sleuth of access barriers. (Some of these barriers include lack of transportation, no childcare, no health insurance, language barriers, etc.) Given the various barriers to health care services our families face, our residents often cannot manage their chronic diseases such as diabetes, asthma, dental and gum disease, high blood pressure and obesity. Utilizing community leadership talents and strengths the Center would like to implement a Promotora program to benefit the health of our Hispanic residents through the provision of culturally and linguistically appropriate health education**

**Program Description:**

A grant from the California Endowment Local Opportunities Fund would allow the Center to provide resident driven Spanish health education classes and activities. The Promotora model was selected because it is based on naturally occurring networks and linkages that exist in the Latino community. The recruitment of Promotoras has its origins in the theory that, as members of the target community and its social network, the Promotoras are the best placed individuals to reach their community with prevention and health promotion messages. Our target population would be Hispanic women between the ages of 18- 65 with children 0 – 18 years of age. (It is possible that if we locate 1 or 2 Hispanic men to become Promotores that we would also target Hispanic men between the ages of 18-65 to benefit from this project.)

**The Center would secure Promotora training from Colaborativo SABER, a past recipient of California Endowment funds. Their Instituto de Promotoras has over 15 years experience in developing and implementing Promotora programs. Community outreach to identify residents interested in becoming Promotoras/es would be conducted. An interview panel composed of two community residents and 2 staff from the health center would interview prospective candidates. Six Promotoras would be selected. Once the Promotoras were selected training would be scheduled to begin on basic Promotora skills. These skills would include communication skills, community advocacy, facilitating group discussions, health promotion skills, and resident engagement skills and community resource information. Additionally the Promotoras would be trained to conduct a community health assessment. Utilizing one on one interviews with Clinic staff, public health epidemiology staff, focus groups with clinic patients and surveys with community residents the Promotoras would identify key community health issues. After identifying these health issues, the Promotoras would select the top 3 health issues – one issue per team, as the issues they will promote in the community. Training and curriculum will be provided for each health issue. After completing their training they will then conduct community outreach to engage community residents in health education activities. Possible sites for education sessions might include schools, the health center, pre-schools, and resident homes. Possible partners and collaboration for the Bay Point Promotora Program could include: Contra Costa Health Services Public and Ambulatory Care Departments, community non-profit health organizations, Proposition 10 Family & Children's Commission and the Bay Point Partnership for the Public Health. (There is a possibility that through the Mt. Diablo School Readiness Grant, via our Family and Children's Commission, additional funds to support the Promotora program for education to families with children 0 – 5 may be provided.)**

### ***Measurable Objectives and Outcomes:***

By implementing a Promotora program in Bay Point in an 18- month period we should be able to accomplish the following health outcomes:

- *Secure Promotora training from Colaborativo SABER/Instituto De Promotoras (A past recipient of California Endowment funding.)*
- *Identify and train 6 bi-lingual (Spanish speaking) community residents as Promotoras*
- *Conduct a community health assessment (technical assistance for this assessment to be provided by Contra Costa Health Services)*
- *Evaluate community assessment and identify 3 health issues (Possible health issues could include: dental education, diabetes, nutrition and fitness, access to health programs, female exams, male exams, substance abuse.)*
- *Train Promotoras on curriculums for three identified health issues*

*(Training and curriculum to be coordinated through Colaborativo Saber and/or Contra Costa Health Services)*

- *Conduct community outreach to engage residents in health education classes and activities*

- Over a 12- month period, provide 18 group health sessions (5-8 weeks in length) to 180 Bay Point residents. (These sessions to be evaluated by pre and post tests of knowledge.)
- Evaluate success of Promotora training program via pre and post test with Promotoras
- Evaluate effectiveness of health education classes via evaluations with class participants.

**Community Health will be positively changed because:**

- Increased residents participation in the planning and implementation of the health education activities should lead to a feeling of empowerment over individual and community health;
- Social Learning theory suggests that new behaviors are most successfully learned and performed if they are demonstrated by a role model similar in age, sex, and ethnicity, therefore we should see some positive behavioral (health) changes in participants who attend classes.
- Community residents' access to health education information will increase and help residents feel better armed to manage their health needs and chronic diseases.

**Organizational Background:**

The Bay Point Family Health Center is a program of the Contra Costa Health Services Department. The mission of the Center is to improve the quality of life of Bay Point residents by providing and coordinating health and community services through County and Community partnerships. The Center is an active member in the Bay Point Partnership for Public Health and has an excellent reputation and relationship with community residents. Over the past six years the Center has successfully developed implemented or co-located a myriad of health activities and services such as: the Bay Point Children's Dental Program, the Spanish Language and Literacy Assistance Program for access to health benefit programs, immunizations, family planning, mental health counseling, co-dependency classes, English as a second language, WIC, school Healthy Start and social service programs. The Center serves over 1200 community residents on a monthly basis. A health center manager manages the Center. The manager reports to senior staff of the Health Department. Other Center staff include an Administrative Assistant, a health access worker, student worker and 22 other staff who provide Center activities. The Promotora Program would be under the direction of the health center manager, who has more than 15 years management experience.

**Closing Summary:**

By utilizing a Promotora health education model, the Center can more effectively provide health education to residents who would otherwise not access health education opportunities. Additionally the Promotora program provides for resident engagement and capacity building by utilizing indigenous talent. This program is a unique opportunity for community leadership and education. Thank you for your consideration.

Sincerely,

Concepcion Trevino James  
Center Manager

## Appendix B

# Existing Programs and Partners





## The Contra Costa Child Care Council

*(excerpts from the CCCC website at [www.cocokids.org](http://www.cocokids.org) )*

**RESOURCE AND REFERRAL:** The Child Care Council maintains information on more than 1,800 licensed caregivers, including Licensed Family Child Care Homes and Child Care Centers. Trained Resource and Referral Counselors assist parents in need of child care by identifying child care programs near the parent's desired area, providing information on the different types of child care options and equipping parents with information to make an informed child care selection.

**SUPPLY & QUALITY:** During the past year, the Council has also sponsored numerous programs to increase the supply and to improve the quality of child care in the county, including licensing orientation meetings, technical assistance to individuals interested in starting and maintaining a child care business and business start-up training sessions for prospective child care providers and special training sessions and workshops on a wide range of child development topics, as well as sponsoring conferences on child care issues, making site visits, providing technical assistance, maintaining resource libraries for child care providers and publishing quarterly newsletters on child care topics.

**ACCESSIBILITY & AFFORDABILITY:** The Child Care Council operates a number of subsidized child care programs, providing child care tuition assistance for eligible families. Parents may choose child care services from licensed care centers and preschools, licensed family day care homes, licensed exempt or in-home providers in Contra Costa County. See also appendix page B-9 for First 5 Contra Costa funded project.

The Child Care Council also administers funds to provide subsidies for child development services for children who are at risk of abuse or neglect. Eligibility for this subsidy program requires a referral from a professional working with the income eligible family.

**HEALTH AND NUTRITION:** The Child Care Council plays a vital role in providing nutritious meals to children in licensed family child care homes. This federal program provides financial reimbursement to child care providers for food served to children in their care. Child Health and Nutrition staff provides nutrition, health and safety education, activity ideas, and consultation to parents and child care programs. A resource library and a monthly newsletter are also available to all parents and child care providers.

**TRAINING:** The Learning Institute (new in 2002) is being designed to coordinate the learning activities of the agency, as well as implement new training programs on child care issues such as an Infant/Toddler training program for child care providers; training for school age child care providers; and new training program for providers serving children with special needs

**PUBLIC EDUCATION AND ADVOCACY:** In order to support efforts to increase the quantity and improve the quality of child care in Contra Costa, the Child Care Council has implemented programs to better inform parents, child care providers, elected officials, the business community and the general public about trends in child care legislation and local child care needs. Examples of such efforts include quarterly newsletters on child care issues, active participation in selected networks, seminars and workshops on child care issues and the establishment of an information clearinghouse.

One of the Council's major accomplishments during the past year was the establishment of an organization of parents known as Parent Voices. A partnership organization with other resource and referral agencies in California, Parent VOICES provides a way for parents to do something to help increase funding, improve quality and provide better access to child care. Through leadership development and advocacy, this parent-led and run organization gives voice to the concerns and the needs of young children and families.

## **Community Services Department Family & Children's Services**

*(excerpts from CSD website at [www.co.contra-costa.ca.us](http://www.co.contra-costa.ca.us) and  
Family and Children's Services Fact Sheet, March 6, 2002)*

Family and Children's Services (FACS) is the largest division of the Contra Costa County Community Services Department (CSD) and operates the federally funded Head Start and state funded Child Development programs to serve families with children from birth to five years of age who live approximately 50 percent below the federal poverty level.

The programs include educational services, health services, social services, nutritional services, parent education and participation, program evaluation, and staff development. IN the past year, FACS has worked to merge Head Start and Child Development programs into a unified Child Start Program in order to offer more families full day, full year, services, including high quality pre school education, health and dental services, support for family members acquiring job skills in the CalWORKS program, and family advocacy services.

GENERAL CHILD CARE is funded through an annual contract with the California Department of Education, Child Development Division. It is a State subsidized program for income eligible parents who are working, in job training or seeking employment. Priority is granted to CPS, foster and homeless children. Parents pay a small fee, depending on income level.

EARLY HEAD START AND HEAD START overlap, so children can be placed developmentally according to their individual needs. Early Head Start is set up for children ages 0-3. To enter Head Start, children must be 2.9 years to 5 years, with children closest to the age of kindergarten entrance given the highest priority. Ten percent of the enrollment opportunities in each program may be filled by children that exceed the low-income guidelines. There is also a requirement that ten percent of enrollments should be offered to children with disabilities. During the 1998-1999 operating period, 13 percent of the Head Start enrollment consisted of children with disabilities.

CHILD START is the state funded full day preschool program enhanced with Head Start to include a full day comprehensive family services.

HOME BASE. Home visitors bring the Head Start program to the family using the home as a learning environment and supporting the parent as the primary educator of the child. Workers visit each family once per week for 1-1/2 hours; socialization activities with other families occur twice per month. The program provides transportation for the 3-hour socialization activities. Offered for children 0-5 and pregnant women in their 3<sup>rd</sup> trimester. Eligible families meet Federal Poverty Income Guidelines and do not pay a fee. The goals of the program are to assist families to become effective advocates for themselves and their children, to assist families to become independent and competent to secure what they need for social and economic success, and to provide for the development of each child's cognitive and language skills by supporting emerging literacy and numeracy development through appropriate materials and activities according to the developmental level of each child.

HOME START. This program mirrors the home base service but focuses on enriching the homes of exempt care providers as well as the parents' homes.

Center	Ages	Capacity	Programs
<b>Ambrose Center</b> 3103 Willow Pass Road Pittsburg, CA 94565 Tel: (925) 427-8463	3-5	40	<ul style="list-style-type: none"> <li>• Full-day Child Start</li> </ul>
<b>Cambridge Center</b> 1135 Lacey Lane Concord, CA 94520 Tel: (925) 646-5945 Fax: (925) 646-5640	3-5	38	<ul style="list-style-type: none"> <li>• Part-day Head Start</li> </ul>
<b>Cambridge Community Center Child Care</b> 1187 Meadow Lane Concord, CA 94520 Tel: (925) 681-0867	Not Available	Not Available	Not Available
<b>Concord Child Care</b> 1360 Detroit Avenue Concord, CA 94520 Tel: (925) 689-5151 ext. 201	Not Available	Not Available	Not Available
<b>Family Child Care</b> 2425 Bisso Lane Concord, C1A 94520 Tel: (925) 646-5540 Fax: (925) 646-555	Not Available	50	Not Available
<b>George Miller Center</b> 3020 Grant Street Concord, CA 94520 Tel: (925) 646-5952 Fax: (925) 646-5415	0-5	35	<ul style="list-style-type: none"> <li>• Full-day Early Head Start</li> <li>• Full-day Child Start</li> </ul>
<b>Home Base Services</b> 2425 Bisso Lane Concord, CA 94520 Tel: (925) 646-5540 Fax: (925) 646-5551	0-5	90	Not Available
<b>Lavonia Allen Center</b> 94 1/2 Medanos Avenue Bay Point, CA 94565 Tel: (925) 427-8270 Fax: (925) 427-3855	3-5	60	<ul style="list-style-type: none"> <li>• Part-day Head Start</li> <li>• Full-day Child Start</li> </ul>

### Home Visiting

This strategy provides strengths-based home visitation services for expectant parents and families with children birth to age three. Services are for prenatal, first-time and multiple risk families. 90 percent of home visiting services funded by the Commission target families living in neighborhoods in Bay Point, Pittsburg, Antioch, Concord, Richmond and San Pablo – areas where teen birth rates are high, and babies are born with low birth weights. The remaining 10 percent focus on multiple risk factor families living outside the identified geographic areas.

The Home Visiting strategy will be linked to other Commission-funded strategies, principally Family Resource & Learning Centers (FRLCs) and Mental Health & Special Needs Therapeutic Services.

<b>Amount Allocated:</b>	\$1.75 million (July 1, 2002 – June 30, 2003) \$1.2 million (July 1, 2003 – June 30, 2004)
<b>Groups Funded:</b>	Contra Costa Health Services, Prenatal Care Guidance Contra Costa County Employment and Human Services Dept. Contra Costa County Community Services Department, Early Head Start  <u>Subcontractors:</u> Welcome Home Baby & two programs of the Perinatal Council: Adolescent Family Life Program and Black Infant Health
<b>Geographic Area Served:</b>	Targeted Geographic Areas (90%) Countywide (10%)
<b>Progress to Date:</b>	In April 2002, the Commission approved a plan submitted by 9 home visiting programs to develop a coordinated system of care for home visiting services for teen parents, first-time parents, infants and young children and families with multiple needs. Efforts are also being made to assist families who are not eligible for existing programs.  The funded agencies are working together to coordinate home visiting programs by: <ul style="list-style-type: none"> <li>• Creating a multi-disciplinary team to support home visitors working with multiple need families</li> <li>• Implementing a training plan for all Contra Costa home visitors; trainings will begin Fall 2002</li> <li>• Developing a new, meaningful evaluation to measure the impact of the home visiting strategy</li> <li>• Exploring all leverage opportunities</li> </ul>

For more information about this strategy, please contact Rita Alfred: (925) 335-9991



## Early Childhood Mental Health And Special Needs Consultation

This strategy aims to:

- Provide early identification and referral of children with mental health, social/emotional and developmental problems
- Create continuity of care by providing training and support for child care providers and home visitors who observe children exhibiting behavioral or developmental problems

**Amount Allocated:** \$500,000 (March 1, 2001 – June 30, 2002)  
\$500,000 (July 1, 2002 – June 30, 2003)

**Group Funded:** We Care Inc.  
Association of Retarded Citizens (ARC)/The Lynn Center  
Early Childhood Mental Health Program

Contact: (925) 685-0207 ext. 108

**Geographic Area Served:** Countywide Program

**Progress to Date:** *Child Care Solutions* provides no cost mental health consultation to licensed child care providers when a child exhibits emotional or behavioral problems in a child care setting. *Child Care Solutions* refers families to appropriate intervention providers and works with licensed child care providers to better address a child's individual needs.

**Program Highlights:**

- *219 providers received phone consultation services*
- *190 children received observation*
- *92 children referred for screening and treatment*
- *2837 provider contacts to include case contacts, site visits, calls and meetings*

For more information about this strategy, please contact Lisa Johnson: (925) 335-9991

## Parent Education

This strategy seeks to expand opportunities for parents and caregivers to receive current information about child development and health, build parenting skills, encourage peer-to-peer support and reach specific parent populations.

**Amount Allocated:** \$185,000 (July 1, 2002 – June 30, 2003)

### Groups Funded:

**Community Violence Solutions: (\$15,000) Countywide**

Supports the development & implementation of a parenting education program for parents of child victims of sexual abuse. A new curriculum for parents whose children are victims of sexual abuse has been developed.

**Contra Costa ARC/CARE Parent Network: (\$50,000) Countywide**

Expands parent-to-parent peer support and training activities to families of children with special needs throughout Contra Costa County. 125 parents of children with special needs formed a peer support group.

**Mt. Diablo Unified School District/ Crossroads HS: (\$60,000) Countywide**

Provides counseling services, casework support and parenting education in the areas of health and child psychology for its students (teen parents). 69 teen parents received counseling, support and parenting education.

**West Contra Costa Unified SD/Opportunity West: (\$60,000) West County**

Creates a collaborative of several primary provider agencies to provide parent training and support to an at-risk population of homeless pregnant and parenting teens. 120 teen parents received counseling and job training services in Richmond.

**For more information about this strategy, please contact Lisa Johnson: (925) 335-9991**

## Kit for New Parents/Baby Bag

The Kit for New Parents provides first-time parents and caregivers with practical information about the importance of the early years, early literacy, quality child care, child safety, discipline and health and nutrition. Information is distributed in stages:

- Parenting videos and brochures are distributed to expectant parents (Kit)
- Information linking parents and caregivers to Contra Costa parenting resources and services is distributed at birth (Bag)

**Amount Allocated:** \$89,321 (October 1, 2001 – September 30, 2002)  
\$69,750 (October 1, 2002 – June 30, 2003)

**Group Funded:** Contra Costa Child Abuse Prevention Council  
(925) 755-4200

**Geographic Area Served:** Countywide

**Progress to Date:** ***The following prenatal care and home visitation providers will distribute the Kit for New Parents and Baby Bag:***

- John Muir Women's Health Center
- Planned Parenthood
- Brookside Community Health Center
- Newborn Connections
- Born Free
- Healthy Start Prenatal Programs
- Perinatal Council
- Private prenatal care providers (in Walnut Creek & San Ramon)
- Welcome Home Baby
- Kaiser

The Kit for New Parents/Baby Bag project launched in May 2002. To date, nearly 5,000 Kits have been distributed.

*For more information about this strategy, please contact Tracy Irwin: (925) 335-9991*

## Community Grants

The Commission funds two types of community grants:

- \$5,000 Family-Friendly Community grants for community groups to conduct a one-time project benefiting children up to age five and their families. Nonprofit organizations with budgets over \$250,000 are eligible to receive a \$10,000 grant. A total of \$250,000 will be available for Family-Friendly Community grants each year.
- \$3,000 Ready, Set, Read grants are available for nonprofit child care centers, individual library branches and nonprofit organizations to conduct family literacy projects. Family child care providers are eligible for \$1,500 grants. \$150,000 is available once each year.

**Amount Allocated:** \$439,398 for 3 cycles of Family-Friendly Community Grants  
\$260,968 for 2 cycles of Ready, Set, Read Grants

**Groups Funded:** 221 nonprofit organizations, child care providers, individual library branches and community groups

**Geographic Area Served:** Countywide

**Progress to Date:** Some Family-Friendly Community projects included:

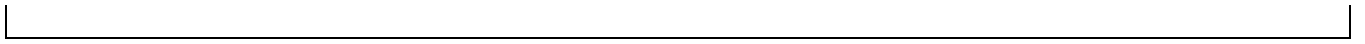
- Safety projects (swim lessons for low-income parents, safety fairs for monolingual Spanish-speaking parents and teen parents, CPR training for parents)
- Toddler playground equipment located on sites open to the general public
- Community festivals for child care providers, young children and their parents
- Fatherhood projects ("Father Fest") that provide information for non-custodial fathers about parenting, child support, etc.

Some Ready, Set, Read projects included:

- The purchase of Spanish-language children's books at the Oakley library
- Story telling demonstrations at domestic violence shelters and with teen parents
- Purchase of materials to help preschool children prepare for kindergarten

**For more information about this strategy, please contact Lisa Johnson: (925) 335-9991**





## Early Childhood Mental Health & Special Needs

### Therapeutic Services

This strategy creates an integrated system of care to deliver early childhood mental health therapeutic services by developing:

- A standard screening tool for all Contra Costa early childhood mental health providers to identify multi-need families
- Comprehensive therapeutic services for multi-need families
- A funding plan to maximize available resources for early childhood mental health services

This strategy will be linked to other Commission-funded strategies, principally Family Resource & Learning Centers (FRLCs) and Home Visiting.

**Amount Allocated:** \$500,000 each year for three years  
FY 02-05

**Groups Funded:**

- We Care Children Services, Inc.
- The Lynn Center
- Early Childhood Mental Health Program
- Contra Costa County Health Services Department (Mental Health Division/Children's Mental Health Program)

**Geographic Area Served:** Countywide

**Progress to Date:** *The Commission invited early childhood mental health providers to meet and determine a mutually agreed upon plan to develop a system of care to deliver therapeutic services.*

*This plan was presented to the full Commission for final approval in May 2002.*

*County Mental Health will act as the lead agency in a collaborative partnership with the three community-based early childhood mental health providers named above.*



## FUNDED STRATEGIES

For more information about this strategy, please contact Sean Casey: (925) 335-9991

### Child Care Availability and Accessibility Grants

This strategy aims to:

- Expand and enhance the availability of quality child care in licensed settings for infants and young children with special needs
- Improve the availability of quality child care for infants and toddlers
- Increase the number of existing unlicensed child care providers that become licensed

**Amount Allocated:** \$500,000 (March 1, 2001 – June 30, 2002)  
\$375,000 (July 1, 2002 – June 30, 2003)

**Group Funded:** Contra Costa Child Care Council  
(925) 676-5442 ext. 3220

**Geographic Area Served:** Countywide

**Progress to Date:** *The Child Care Council used funds for this strategy to create the Child Care Resources Project.*

**Project Highlights:**

- 200 providers received scholarships up to \$100 for training on caring for infants and toddlers
- 500 providers received scholarships up to \$100 for training on caring for preschool-age children
- 300 start-up kits (materials, books, toys and curriculum ideas) and safety super kits were distributed to newly licensed family child care providers
- 113 newly licensed family child care providers received vouchers for infant equipment, and technical assistance on caring for infants
- 135 participants received training on including children with special needs in licensed child care settings
- 5 child care centers received facilities improvement grants between \$2,325 and \$35,000

**For more information about this strategy, please contact Lisa Johnson: (925) 335-9991**